



THE HUNDRED AND NINTH  
ANNUAL REPORT UPON

**THE HEALTH OF  
LEICESTER  
DURING  
1957**

**E. K. MACDONALD**  
O.B.E., M.D., D.P.H.

# CITY OF LEICESTER

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## HEALTH COMMITTEE

(As constituted 31st December, 1957)

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### Vice-Chairman

Dr. W. E. HOWELL

Mr. F. J. BAYLISS	Mr. E. E. HAINES	Mr. A. MALKIN
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Mr. F. G. GUMBRILL	Mr. C. A. W. JELLEY	Mrs. M. M. TROTTER

### Co-opted Members

Dr. E. W. HOLYOAK

Mr. H. N. T. STAUNTON

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The Committee meet on the 3rd Friday in each month in the Committee Room, Town Hall, at 3.15 p.m.

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Mr. R. W. A. RUSSELL

## **QUALIFICATIONS AND DUTIES OF SENIOR PUBLIC HEALTH OFFICERS**

As specifically requested in Ministry of Health Circular 1/54, the following details are given :

### **Medical Officer of Health**

**E. K. MACDONALD, O.B.E., M.D., D.P.H.**

Exercises oversight and control over all the City's Health Service, advises all Committees of the Corporation on medical matters, and acts as Principal School Medical Officer.

### **Deputy Medical Officer of Health**

**A. I. ROSS, M.D., D.P.H.**

Acts as Deputy to the Medical Officer of Health, including the School Health Service, and particularly supervises the work of the City Ambulance Service, the City Mental Health Service, the Home Nursing Service, and the control of infectious disease.

### **Medical Officer for Maternity and Child Welfare**

**(Miss) E. B. B. HUMPHREYS, M.B., CH.B.**

Responsible for the control of the Maternity and Child Welfare Service, including the Health Visitor, Midwifery, and Day Nursery and Clinic Services, and also the Home Help Service.

### **Tuberculosis Officer**

**C. M. CONNOLLY, B.Sc., M.D., M.R.C.P., D.P.H.**

Though primarily appointed by and responsible to the Sheffield Regional Hospital Board as Consultant Chest Physician, and in this capacity, in charge of the Leicester Chest Clinic and of beds at the Leicester Isolation Hospital and Chest Unit, is also responsible, in co-operation with the Medical Officer of Health, for the preventive side of the campaign against tuberculosis.

### **Public Analyst**

**F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C.**

Responsible for the work of the Public Analyst's Laboratory and for the analysis of and reporting on samples of Foods and Drugs and other matters.

### **Chief Public Health Inspector**

**G. A. HILLER, F.R.S.H., A.M.I.S.E., F.S.I.A.**

Responsible for the work of the Public Health Inspection Department.

### **Chief Administrative Assistant**

**F. KELLETT, F.C.C.S.**

Responsible to the Medical Officer of Health for all the "lay" side of the work of the Health Department, including the non-professional staff, the payment of wages, and the ordering and checking of goods.

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# SUMMARY OF STATISTICS

FOR THE YEAR 1957

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Population (estimated), mid-1957	..	..	281,200
Population at Census, 8th April, 1951	..	..	285,061
Marriages	..	..	2,477
Births (corrected)	..	..	4,427
Birth-rate (standardised birth-rate=15.7)	..	..	15.7
Deaths (corrected for transferable deaths)	..	..	3,172
Death-rate (standardised death-rate = 11.9)	..	..	11.3
Deaths under One Year	..	..	78
Infant Mortality (per 1,000 Births)	..	..	17.6
Maternal Mortality (per 1,000 total births)	..	..	0.44
Zymotic death-rate (per 1,000 population)	..	..	0.19
Respiratory Disease death-rate (per 1,000 population)	..	..	1.08
Cancer death-rate (per 1,000 population)	..	..	2.09
Tuberculosis death-rate (per 1,000 population)	..	..	0.103
Phthisis death-rate (per 1,000 population)	..	..	0.096

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Area of City (in acres)	..	..	16,990
Number of Inhabited Tenements, January, 1958	..	..	85,705
Number of Empty Houses, January, 1958	..	..	714
Rateable Value at 1st April, 1957	..	..	£4,137,115
General Rate for the year, 1957-58	..	..	19/7 in £

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				<b>England and Wales</b>
Birth-rate	..	..	..	16.1
Death-rate	..	..	..	11.5
Infant Mortality (per 1,000 Births)	..	..	..	23.1

(Registrar-General's Figures)

*To the Chairman, the Lord Mayor, and the Members of the  
City Health Committee*

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1957, the one hundred and ninth report of the series and my own twenty-third Annual Report.

Once again the population of the City as estimated by the Registrar-General shows a slight decrease to 281,200, due, no doubt, to the building of Corporation housing estates in the County. The birth-rate at 15.7 per 1,000, and the death-rate at 11.3 per 1,000, were much the same as in the previous year, but the infant mortality rate again shows a substantial improvement. In 1956, for the first time in the history of Leicester, less than 20 babies out of every 1,000 born died in the first year of life, but in 1957, further progress was achieved, the rate reaching the low record for the City of 17.6, a wonderful achievement. It is one of the happiest aspects of modern life to see the extraordinary improvement in the health of the children compared with 20 or so years ago, when I first came to Leicester.

In the case of tuberculosis, there is also improvement to report. Only 29 people died from this disease in the City in 1957, compared with over 200, ten years ago.

The programme of slum clearance, one of the most important health measures now in hand, has continued apace. It is very satisfactory to report that the action recommended by your officers has nearly always without modification won the approval of the Inspectors of the Ministry of Housing and Local Government, thus showing that our standard and policy are correct.

I have referred to the retirement of Dr. E. B. B. Humphreys in January, 1958, in my foreword to the report of the Maternity and Child Welfare Officer, but I repeat here my thanks to her for the excellent work she did in Leicester for nearly thirty years. I welcome Dr. T. A. I. Rees, her successor, and wish him many years of happy service.

I wish to thank all those who have helped me to present this Annual Report and would like particularly to mention the Deputy Medical Officer of Health, Dr. A. I. Ross, who has written many of the reports

on the incidence of infectious disease. Dr. Mair, of the Public Health Laboratory Service, has co-operated most helpfully with us during the year and I thank him and his staff.

I feel that the City is fortunate in the excellent staff we have in the Health Department, one and all, and I am indeed grateful for their loyal and devoted service given unstintedly in the interests of our City.

We are happy too in our relations with the members of the Council and I thank you, Sir, and your Committee most heartily for your continued interest in our work and your great consideration.

I am,

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

E. K. MACDONALD, O.B.E., M.D., B.S., D.P.H.

*Medical Officer of Health*

Health Department,  
Grey Friars,  
Leicester,  
25th June, 1958

# ANNUAL REPORT 1957

## SECTION A

### Statistics and Social Conditions of the Area

#### STATISTICS

##### Population

The Registrar-General estimates the population of the City of Leicester at mid-1957 as 281,200. Once again this means a drop in the total population, this year of 2,800 persons, due no doubt to the transfer of city citizens into the contiguous county.

The estimated population at mid-1956 was 284,000.

##### Birth-rate

The number of live births registered during 1957 was :

Males .. .. .	2,315 (2,275)
Females .. .. .	2,112 (2,092)
Total .. .. .	4,427 (4,367)
Birth-rate .. .. .	15.7 (15.4)
Standardised birth-rate .. .. .	15.7 (15.2)

(Note : The comparative figures for 1956 are those in brackets)

Of the 4,427 total births, 298 (155 males and 143 females) were illegitimate as compared with 281, 150 and 131 respectively for 1956. Illegitimate births are 6.7% of the total births or one illegitimate birth to 15 legitimate approximately.

##### Stillbirths

There were 87 stillbirths (54 males and 33 females) as compared with 104, 50 and 54 respectively for 1956.

##### Infant Mortality

Last year in the Report for 1956, I commented with pleasure that once again the infant mortality rate (for 1956) showed a new low record

and that for the first time this rate was below 20, i.e. less than 20 babies out of every 1,000 born died in the first year of life. When I first came to Leicester, in 1935, the rate was nearly 60. Thus a threefold improvement had been achieved. In 1957, there is a still greater record to report. The infant mortality rate for last year was 17.6. This figure means that 78 babies died during the year before they reached their first birthday out of 4,427 born.

The main causes of infant deaths as recorded by the Registrar-General were :

	1957			1956		
	Male	Female	Total	Male	Female	Total
Congenital malformations	10	7	17	11	11	22
Other defined and ill-defined diseases ..	20	25	45	26	21	47
Pneumonia .. ..	3	3	6	6	1	7
Various .. ..	7	3	10	3	7	10
	—	—	—	—	—	—
	40	38	78	46	40	86
	—	—	—	—	—	—

Sixty babies (30 males, 30 females) out of the total 78 deaths died in the first four weeks of life, as compared with 60, 34 and 26 respectively in 1956.

### Marriages

The number of marriages in Leicester in 1957 was 2,477, of which 1,225 were in the Church of England register and 1,252 otherwise.

### Death-rate

The total number (corrected) of deaths was 3,172 (3,200), namely 1,572 (1,558) males and 1,600 (1,642) females.

The death-rate was therefore 11.3 compared with 11.3 in 1956. The death-rate for England and Wales was 11.5. The standardised death-rate for Leicester was 11.9 (12.0).

2,150 persons (68% of the total) died after they had reached their 65th birthday and 1,269 reached the age of 75 years and over.

The detailed causes of death will be found in Table 2, from which the following extracts are taken :

### Heart and Vascular Disease

Under this heading are grouped the following main causes of death : vascular lesions of the central nervous system ; coronary disease and angina ; hypertension with heart disease ; other heart disease ; other circulatory disease.

Of the 3,172 total deaths, 1,687 (53%) were assigned to these causes compared with 1,747 (55.0%) in 1956. Of the 1,687 deaths, 754 were males and 933 females.

## Cancer

There were 587 deaths from this disease—317 males and 270 females. These figures compare with 574, 309 and 265 respectively for the previous year.

Cancer of the lung (116 deaths) again showed an increase on the figure for 1956 (105), but cancer of the stomach, which had showed an increase in 1956 (93 deaths) compared with 1955 (68 deaths) was somewhat better with 79 deaths.

## Tuberculosis

Here also there is improvement to report. There was a total of 29 deaths in 1957 (20 males and 9 females) as compared with 30 deaths in 1956 (21 males and 9 females). This shows at least that the trend of regression is continuing. The figures for 1956 were then quite our lowest ever.

## Respiratory Disease

There were 128 (113) deaths from pneumonia and 155 (162) from bronchitis, so here there is not much difference.

## Other Causes of Death

		Males	Females	Total	1956
Diabetes	..	5	12	17	22
Peptic ulcer	..	15	7	22	29
Kidney disease	..	15	18	33	31
Road accidents	..	19	11	30	32
Other accidents	..	34	49	83	89
Suicide	..	15	15	30	35
Influenza	..	15	22	37	16

See Table 2 for more detail

## INFECTIOUS DISEASE—MORBIDITY AND MORTALITY

### Measles

There were 3,456 cases notified in 1957, compared with 115 cases in 1956, and 7,168 cases in 1955. There was no death in 1957. The small epidemic in 1957 led to a recrudescence of the disease in 1958, 2,305 cases being notified in the first quarter of this year.

## Scarlet Fever

Three hundred and one cases of this disease were notified, just twice the number—151—in 1956. There was no death.

## Whooping Cough

Six hundred and four cases were notified and there was one death, in a little girl less than one year of age. Vaccination against whooping cough (combined usually with diphtheria immunisation) was continued through the year. The relative figures are given below.

## Diphtheria

There was again no case and no death.

### PROTECTION PROCEDURES DURING 1957

	<i>Under 5</i>	<i>Over 5</i>	<i>Total</i>
Number of children immunised against diphtheria only .. .. .	144	331	475
Number of children re-immunised against diphtheria only .. .. .	268	1,001	1,269
Number of children vaccinated against whooping cough only .. .. .	49	9	58
Number of children immunised against diphtheria and vaccinated against whooping cough jointly	2,922	64	2,986
Number of children re-immunised against diphtheria and re-vaccinated against whooping cough jointly .. .. .	189	305	494
Number of persons vaccinated against smallpox ..	421	353	774
Number of persons re-vaccinated against smallpox	8	478	486

## Poliomyelitis

In 1957 poliomyelitis was more prevalent in Leicester than in the recent past. During the year it was possible to obtain more information than before regarding the spread of infection within the community and between members of those families where there had been cases, because Dr. Hélène Mair of the Public Health Laboratory, using new virological techniques for the first time as a routine, was able to test the stools of patients and contacts to see if they were passing the virus of poliomyelitis. Single stool specimens were examined from family contacts, repeat specimens as necessary being taken from those found positive, until they were shown to be not passing the virus.

Although poliomyelitis is an infectious disease, more than one case within a family is infrequent, nor can case to case spread often be traced, because compared to the few individuals who show symptoms of the disease there are many more who, although infected with the virus, are

not in any way ill but continue for a time to pass virus in their motions. Last year in Leicester, however, there were five families where more than one member was ill (in four of these families there were two cases and in one family there were three cases). Case to case spread or association between cases were shown in several others.

Until the end of July five cases had occurred, four paralytic and one non-paralytic, but from then on the incidence increased. During August and September there were five paralytic and seven non-paralytic cases, none of them as far as we could find being related. In the last three months of the year there were 23 paralytic and 18 non-paralytic cases. Some of these occurred in two outbreaks—one in the south of the city and the other towards the east. In addition, there were sporadic cases in other parts. The distribution is shown in the photographic map.



The following table shows the incidence of the infection since 1950, the last year that there were more cases than in 1957 :

1950	..	79 cases	42 paralytic	4 deaths
1951	..	13 „	9 „	1 death
1952	..	4 „	3 „	No death
1953	..	19 „	15 „	1 death
1954	..	8 „	4 „	No death
1955	..	13 „	4 „	„ „
1956	..	1 „	— „	„ „
1957	..	58 „	32 „	3 deaths

The distribution of cases throughout the year and their age grouping are shown in the next table. Most of the cases (45 out of a total of 58) occurred in those under 15. The three patients who died were aged 7, 38 and 46.

		Paralytic					Non-paralytic				
		0—	5—	15—	25+	Total	0—	5—	15—	25+	Total
February	..	1	1	—	—	2	—	—	—	—	—
April	..	—	1	—	—	1	—	—	1	—	1
July	..	—	1	—	—	1	—	—	—	—	—
August	..	2	—	—	1	3	3	1	1	—	5
September	..	1	—	1	—	2	1	—	1	—	2
October	..	3	1	—	2	6	1	—	—	—	1
November	..	2	6	—	1	9	4	5	2	—	11
December	..	2	3	—	3	8	1	5	—	—	6
		—	—	—	—	—	—	—	—	—	—
Total	..	11	13	1	7	32	10	11	5	—	26
		—	—	—	—	—	—	—	—	—	—

Dr. Hélène Mair recovered poliomyelitis viruses from 24 of the paralytic cases and 23 of the non-paralytic cases.

The table below gives the results of specimens taken from family contacts :

#### Paralytic

No. of families	No. of persons in family (Less case)	Total No. of persons sampled	0—4				5—14				15+			
			+		—		+		—		+		—	
			M	F	M	F	M	F	M	F	M	F	M	F
*1	1	1	—	1	—	—	—	—	—	—	—	—	—	—
5	2	10	—	—	—	—	—	1	—	—	—	1	5	3
†10	3	30	3	1	4	2	1	1	3	1	1	—	6	7
‡6	4	24	1	5	2	1	—	—	2	—	—	1	7	5
3	5	15	2	—	—	—	—	2	1	1	—	—	4	5
1	6	6	—	—	—	—	1	—	—	1	—	—	2	2
	7													
‡2	8	16	1	1	1	—	2	3	—	—	—	—	3	5
1	9	8 (1)	—	3	—	—	1	—	—	1	—	—	1	2
	10													
2	11	20 (2)	1	4	—	1	2	—	1	1	1	2	4	3
—		—	—	—	—	—	—	—	—	—	—	—	—	—
31		130	8	15	7	4	7	7	7	5	2	4	32	32
—		—	—	—	—	—	—	—	—	—	—	—	—	—

Non-Paralytic

§3	2	6	-	-	-	-	-	-	-	1	-	2	3
5	3	15	1	1	-	-	-	1	-	1	-	5	5
1	4	4	-	-	1	-	-	-	1	-	-	1	1
†3	5	14 (3)	2	-	-	1	1	2	-	2	-	2	4
2	6	12	2	-	-	-	-	1	2	1	-	4	2
1	7	7	-	-	-	1	-	-	2	2	-	1	1
1	8	7 (4)	-	-	-	-	-	-	4	-	1	1	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—
16		65	5	1	1	2	1	4	4	11	1	2	16 17
—	—	—	—	—	—	—	—	—	—	—	—	—	—

\*County case but City contact.

†Two patients in one family.

‡Two patients (one non-paralytic).

§Three patients in one family.

Complete families not sampled—1 paralytic ; 5 non-paralytic.

Persons not sampled :

Paralytic	Non-paralytic
(1) In family of 9—1 adult	(3) In family of 5—1 adult
(2) „ „ 11—1 „ —1 aged 2	(4) „ „ 8—1 „

All contacts sampled

Age groups	Males		Females		Total		% Pos.
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	
0- 4 years ..	13	8	16	6	29	14	67%
5-14 „ ..	8	11	11	16	19	27	41%
15+ „ ..	3	48	6	49	9	97	8%
Totals ..	24	67	33	71	57	138	29%

It is most interesting that twins aged two months were found positive. The much higher proportion of the younger contacts passing virus is striking. Of the 195 contacts sampled, 57 (29%) were positive. Including the 47 positive cases, 104 persons (43%) were positive :

The following table shows the number of weeks the positive contacts took to become clear, the time being calculated from the date the patient, of whom they were a contact, first showed symptoms, to the date when the negative stool specimen was obtained.

# Number of weeks contacts took to clear

3	4	5	6	7	8	9	11	12	13	15	Unknown	Total
4	14	16	9	3	3	2	1	1	2	1	1	57

The contact whose clearance time was unknown was one who left the city.

The first case—an adult—among the group of nine cases on the south of the city, most of which were associated; occurred on the 10th October. The next case was a girl of nine who lived fairly near and became ill on the 12th November. In view of the interval between the cases she was unlikely to have been affected directly, the incubation period of poliomyelitis being 7–14 days. On the 14th November the third case developed—a girl of four who had attended the same school as the daughter of the first case. On the 23rd November the first of three non-paralytic cases occurred in one family, the others beginning on the 26th and 27th November. One of these children had attended the same school as a contact of the second case. The seventh person to become infected also attended that school. Two of her small sisters were minded at times in the house next door to the eighth case—a child aged four. The sister of the seventh case developed the disease on the 1st December.

In the other group of cases the association was not so clear. The first patient affected (28th November) in the area was a girl aged seven, the second a young man, the third a young woman and the fourth a child who attended a different school from the first case. Apart from the fact that they lived in the same part of the town, no connection could be found between these cases. The fifth patient who became ill on 7th December had a sister who had sat beside the first patient at school. A brother attended another school which was also attended by the two children of the sixth patient who became ill on the 9th December. The seventh case—a boy of six—(onset 11th December) also went to that school. The eighth patient (onset 16th December) was the father of case number five. This man unfortunately died. The last case, which started on 26th December, also attended the school where there had been cases.

When it became clear that spread might have occurred at one school, special steps were taken to ensure that the children washed their hands after visiting the toilet and all crockery was sterilised.

I am indebted to Dr. Hélène Mair's most helpful co-operation in providing the results of virus tests.

### Sonne Dysentery

This infection was much less prevalent than in the previous year, there being only 53 patients who had symptoms of dysentery and from whose motions the organism of dysentery was recovered on bacteriological examination—clinical confirmed dysentery—compared to 602 the year before. The table below gives the numbers of the different types of case according to age and includes the totals in 1956.

The reductions are very striking.

	Under 1 month	1-5 mths.	6-11 mths.	1-4 yrs.	5-14 yrs.	15-44 yrs.	45-64 yrs.	65+ yrs.	Total 1957	Total 1956
Clinical dysentery confirmed .. ..	-	-	1	33	7	11	-	1	53	602
Clinical dysentery—no specimens taken ..	-	-	-	2	5	2	-	2	11	72
Clinical dysentery—specimens taken—negative ..	-	1	7	29	34	33	8	3	115	615
Symptomless excreters ..	-	-	-	11	8	30	-	-	49	479

The source of infection is given in the next table. Thirty-one of the confirmed clinical dysentery cases were infected in one day nursery where there was an outbreak. Fortunately very little spread took place outside this nursery. Following the closing in 1956 of the last of the residential hostels for nursing staff, spread of dysentery between nurseries is much less likely. Previously, staff infected at one nursery could infect other staff living with them in a hostel, who in turn might involve the nursery where they worked and so on, infection spreading between nurseries and hostels. This change may account for some of the decrease in incidence this year. However, dysentery is a puzzling disease and it would be hazardous to say that future years will not show an increase over 1957.

	Source of Infection					
	Day Nursery	School	Family	Other	Unknown	Total
Clinical dysentery confirmed ..	31	-	2	-	20	53
Clinical dysentery—no specimens taken .. ..	-	-	-	-	11	11
Clinical dysentery—specimens taken—negative ..	2	1	1	-	111	115
Symptomless excreters ..	8	-	41	-	-	49

Patients were mainly free from infection in six weeks ; a few continued to pass the organism for a little longer.

	Weeks to Clear												Un- known	Total
	1	2	3	4	5	6	7	8	9	10	11	12		
Clinical dysentery confirmed . .	—	5	13	13	6	6	4	1	1	—	—	1	3	53
Symptomless excreters . .	1	6	16	11	4	2	2	4	—	1	—	—	2	49

There were no great differences in the numbers of the sexes affected except that more males than females suffered from clinical dysentery with negative specimens.

The policy of allowing children and teachers from junior and secondary schools to return to school when free from symptoms even if still passing the organism in their stools continued. As far as known, infection of children at school did not occur.

### Food Poisoning

This year there were fewer cases of food poisoning than in recent years, there being 79 individuals affected compared to 94, 251 and 300 in 1956, 1955 and 1954 respectively. Fifty-six of them had symptoms, the other 23 being symptom free (symptomless excreters) and being found to be passing organisms of food poisoning on routine examination of their motions after a positive case had occurred in the family.

The following table gives brief details of the outbreaks :

Month	Where outbreak occurred	No. of cases	No. of symptomless excreters	Vehicle of infection	Organism isolated
March	Staff canteen	17	—	Reheated meat	<i>Clostridium welchii</i>
June	Private house	1	2	Unknown	<i>Salm. bovis morbificans</i>
July	Day nursery	8	11	„	<i>Salm. typhi-murium</i> (1 <i>Salm. abony</i> )
Sept.	Private house	—	4	„	<i>Salm. reading</i>
Sept.	„ „	1	1	„	<i>Salm. typhi-murium</i>
Nov.	„ „	1	1	„	<i>Salm. newport</i>
Nov.	„ „	1	2	„	<i>Salm. typhi-murium</i>
Dec.	„ „	1	1	„	„ „
Dec.	„ „	1	1	„	„ „
		—	—		
		31	23		
		—	—		

In addition there were 25 single cases which were due to the following identified agents :

Salm. typhi-murium..	..	20
Salm. oranienberg ..	..	2 (symptomless excreters)
Salm. reading ..	..	1
Salm. bredeney ..	..	1 (symptomless excreter)
Salm. give ..	..	1

The outbreak due to *Clostridium welchii*, which occurred among those eating a midday meal, was the usual type associated with this organism. Meat was bought on Friday, 8th March, and after stewing, allowed to cool in the kitchen in large vessels which were later placed in a refrigerator where they remained over the week-end. A pie was prepared on Monday, 11th and eaten between 12 noon and 1 p.m. by 109 people. Some of the pie was kept warm—not boiled—for 15 people who had their meal at 3 p.m. All of these 15 suffered from diarrhoea 1–16 hours afterwards. Two of those who had had the earlier meal were also affected.

This outbreak shows the danger of reheating meat and keeping it warm, in the main it being those who arrived late for the meal who were affected.

The Salm. typhi-murium outbreak in a day nursery is classed as a food poisoning outbreak because of the causal organism but its behaviour was more like a sonne dysentery outbreak which is more usual in day nurseries, i.e. one or two children developing symptoms over a period of days rather than the explosive type of outbreak due to true food poisoning. In the nursery there were 61 children aged from 3 months to 5 years, and 15 staff. One child developed vomiting and diarrhoea on 8th July. He was immediately excluded. Seven other children developed symptoms within the next three weeks. No staff were affected. All children and staff were sampled as a routine and 11 children were found to be symptomless excreters.

The four symptomless excreters of Salm. reading were found during a routine investigation for poliomyelitis virus carriers among children under five years. During the investigation two children in different families were found positive and when the other members of their families were examined, three in one family were found to be passing Salm. reading. None had had symptoms. The second family did not produce any more positives.

The other six small outbreaks were family outbreaks, one or more members of the family being found positive when sampled as contacts of a case.

The age and sex distribution of salmonella infections were :

Age and Sex			Male	Female	Total
0-11 months	..	..	4	2	6
1-4 years	..	..	13	14	27
5-14 years	..	..	10	5	15
15+ years	..	..	5	9	14
			—	—	—
Total	..	..	32	30	62
			—	—	—

Weeks to clear													Unknown
1	2	3	4	5	6	7	8	9	10	13			
3	7	10	13	10	5	4	3	1	2	3			1
(1 Salm. reading)													
(1 Salm. typhi-murium)													
(1 Salm. bovis morbificans)													

### Influenza

The year 1957 was notable for a widespread epidemic of influenza due to the Asiatic strain of the A virus, cases being first recognised in a refugee camp in Hong Kong in the middle of April and the infection spreading quickly throughout the East and thence to the rest of the world. The first cases occurred in Western Europe in June, the patients having been infected in the East. In Leicester the first known cases were during the middle of August among a group of 16 Pakistanis living together in a house let in lodgings. Serological specimens confirmed influenza virus infection and the A group was recovered from a throat swab from one of them. As far as could be ascertained none had recently arrived in this country from the East but doubtless there had been contact with persons who had.

During the beginning of September there were rumours of further cases in the city. On the 14th September an explosive outbreak, confirmed serologically, and lasting three weeks, began among the children and staff at the City's Countesthorpe Homes and Residential Nursery situated in Blaby R.D.C. in the County of Leicester.

The following table gives details of the numbers affected. A high proportion (78%) of those between the ages of 5 and 15 were affected. This is noteworthy :

Number of Children and Staff					
Nursery			Cottage Homes		
	Children	Staff	Under 5	5—15	15 and over
	25	18	18	125	49
Number who had					
influenza	..	13	7	12	98
% affected	..	52%	39%	66%	78%
					31%

### Nursery and Cottage Homes—Staff and Children

Total number of children and staff	..	..	235
Number who had influenza	..	..	144
% affected	..	..	61%

Influenzal pneumonia is a notifiable disease but uncomplicated influenza is not notifiable, i.e. doctors are not required to report cases to the Medical Officer of Health, and information about its incidence has therefore to be obtained in other ways. The following methods are used in Leicester.

(1) Certain general practitioners each in a different part of the city, act as "spotters", informing the Medical Officer of Health of any undue increase in the incidence of respiratory infection. Similar information is given by hospital pathologists, the medical officer of a large factory, the doctor attending the nurses in one of the local hospitals, certain medical superintendents and hospital matrons, the Registrar of the University and the heads of sections of the Health Department. In addition general practitioners frequently telephone such information.

(2) Information on school absences is received weekly from the Director of Education and any undue absence in a particular class or school is notified immediately. When the epidemic developed the Director of Education kindly made available by telephone the results of a special check of the numbers absent each Monday from all types of school.

(3) The Medical Superintendent of the Isolation Hospital and Chest Unit provides information on all admissions and discharges of patients suffering from infectious disease.

(4) In September, 1957, the Ministry of Health arranged that local National Insurance Offices would inform Medical Officers of Health when the percentage of sickness benefit claims :

(a) showed an increase of 30% on the figure for the previous week,  
or

(b) first reached 200% of the average weekly figure during the period 4th April, 1956, to 4th December, 1956.

Subsequently, information was made available on weekly claims.

(5) When speaking to general practitioners on other matters, the opportunity is taken frequently, when there is any likelihood or rumour of an epidemic, to obtain information on disease incidence in their practices.

During the week ending 21st September it became clear that an outbreak of influenza was developing in Leicester. General practitioners' calls increased considerably and more school children than usual were absent, particularly those in secondary schools. For example, in two girls' schools about 20% of the pupils were absent and in one boys' secondary school 28 out of 32 were absent from one class. Older children and young adults were mainly affected, although no age was immune and the number of those affected quickly increased. Hospital admissions because of influenzal pneumonia, and a death from this cause during the previous week, also showed that the epidemic had reached Leicester.

The fairly typical symptoms of the disease shown among the children at Countesthorpe Homes were sudden onset with temperature up to 103° or 104°F, sore throat, headache, cough and general lassitude or prostration. The fever lasted three to four days and the patient was not fully recovered for one to two weeks.

The epidemic reached its peak in Leicester during the end of September and the first half of October.

The nature of the infection was confirmed serologically in four cases during the epidemic :

The following table giving school absences shows the course of the epidemic.

School population	..	48,213	
Week ending		Number absent	% absent
13th September, 1957	..	2,600	5%
20th September, 1957	..	6,000	13%
On :			
24th September, 1957	..	16,000	34%
30th September, 1957	..	14,199	30%
7th October, 1957	..	10,279	22%
14th October, 1957	..	6,994	15%
21st October, 1957	..	4,196	9%

At the height of the epidemic the percentages absent from different types of school were as follow :

		Percentages absent on :		
Type of School		24.9.57	30.9.57	7.10.57
Grammar	..	35%	26%	12%
Secondary Modern	..	44%	29%	19%
Junior	..	27%	31%	22%
Infant	..	29%	29%	28%
Special	..	52%	40%	32%

Apart from children attending special schools, older children—those attending Grammar and Secondary Modern schools—were specially affected at first. Later more younger children were away although their absences were never as great as those of older children.

The numbers of First Certificates received at the local office of the Ministry of Pensions and National Insurance were :

For the week ending Tuesday, 15th October, 1957 ..	4,905
"      "      "      29th October, 1957 ..	2,003
"      "      "      5th November, 1957 ..	1,535

the average during a non-epidemic period being about 1,000 a week.

Notifications of influenzal pneumonia for the quarter ended 30th September, 1957, numbered four and for the quarter ended 31st December, 1957, 54, compared with nil and five for the same periods in 1956.

The following table shows the deaths due to influenzal pneumonia and also influenza cases admitted to Leicester Isolation Hospital.

**Leicester Deaths from Influenzal Pneumonia, 1957**

Week ending							Influenza Cases	
	0-	1-	5-	15-	45-	65 and over	Total	Admitted to Isolation Hospital
7th September ..	-	-	-	-	-	1	1	-
14th September	-	-	-	-	-	-	-	-
21st September	-	-	-	-	-	-	-	11
28th September	-	-	-	-	-	1	1	6
5th October ..	-	-	-	3	3	2	8	7
12th October ..	-	-	1	2	3	4	10	18
19th October ..	-	-	-	1	2	6	9	16
26th October ..	-	-	-	-	2	2	4	9
2nd November ..	-	-	-	-	-	-	-	2
9th November ..	-	-	-	-	-	-	-	3
16th November	-	-	-	-	1	-	1	-
30th November	-	-	-	-	2	-	2	-
14th December	-	-	-	-	1	-	1	-
	—	—	—	—	—	—	—	—
Totals ..	-	-	1	6	14	16	37	72
	—	—	—	—	—	—	—	—

**Special Measures to deal with the Epidemic**

Discussions took place with the Local Medical Committee, with the County Medical Officer of Health, and the Secretaries of No. 1 and

No. 2 Hospital Management Committees, to exchange views on the epidemic and ensure co-operation. It was agreed that the best way local health authority staff could assist would be to look after hospital patients who might have to be sent home prematurely to make room for influenza cases. Actually such discharges did not happen to any extent and we were not required to help significantly.

Towards the end of September the Ministry of Health informed the Department that influenza vaccine would be available to hospital staff, to general practitioners and to local authority staff, who cared for the sick in their own homes, for example, nurses, midwives, home helps, ambulance staff and any other staff who might be called upon to visit the sick at home. In all, 337 of the staff were vaccinated.

This epidemic, which caused 37 deaths attributable to influenza and presumably some of the 58 certified as due to bronchitis and pneumonia, was very much milder than the epidemic of 1918-1919. The fear in 1957 was that the epidemic might develop in severity as it progressed, as did the earlier one. The following quotation is from the Medical Officer of Health's Report for 1918, Part II :

“So far as Leicester was concerned, the epidemic was divided into three well-defined and separate waves. The first was at its maximum in June and July, 1918, and may be referred to as the Summer Wave ; the second in October and November, the Autumn Wave ; and the third in February and March, 1919, the Spring Wave. The first wave was the least serious, and caused approximately 100 deaths (influenza 70, pneumonia and bronchitis 30). The second wave was by far the most serious and caused, in round numbers, 1,000 deaths (influenza 800, pneumonia and bronchitis 200), whilst the third wave was intermediate in severity, causing approximately 500 deaths (influenza 300, pneumonia and bronchitis 200).

“Taking the total of the three waves, we may say that the influenza epidemic of 1918-1919, with its complications, was responsible for something like 1,600 deaths. This is equal to seven per thousand of the population”.

The outbreaks in recent years have all been very much milder than that of 1918-1919. In 1949 there were 16 deaths, the virus responsible being group B, in 1951, 117 deaths due to A virus influenza, and in 1954, three deaths due to B virus.

We must count ourselves fortunate that the epidemic of 1957 did not develop to the serious proportions of that of 1918-1919.

TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1918-1957

Year	Estimated Population	Birth-rate	Death-rate	Zymotic Death-rate	Infant Mortality
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.9
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8
1950	287,520	16.4	11.5	.58	29.5
1951	284,700	16.2	12.4	.09	25.2
1952	285,900	15.9	11.4	.09	24.2
1953	286,500	16.0	11.2	.20	24.8
1954	287,300	15.3	11.2	.09	27.2
1955	286,300	14.8	12.0	.15	23.4
1956	284,000	15.4	11.3	.11	19.7
1957	281,200	15.7	11.3	.19	17.6

TABLE 2—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
TOTAL DEATHS .. ..	M	1572	40	9	12	67	468	976
	F	1600	38	9	6	71	302	1174
1. Tuberculosis of Respiratory System .. ..	M	19	—	—	—	4	7	8
	F	8	—	—	—	7	1	—
2. Other forms of Tuberculosis .. ..	M	1	—	—	—	—	1	—
	F	1	—	—	—	1	—	—
3. Syphilitic Disease ..	M	9	—	—	—	1	3	5
	F	1	—	—	—	—	—	1
4. Diphtheria .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
5. Whooping Cough ..	M	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	M	2	—	—	—	1	1	—
	F	1	—	—	1	—	—	—
8. Measles .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases .. ..	M	1	—	—	—	—	1	—
	F	2	—	—	1	—	—	1
10. Cancer of Stomach ..	M	46	—	—	—	2	24	20
	F	33	—	—	—	1	7	25
11. Cancer of Lung and Bronchus .. ..	M	103	—	—	—	3	62	38
	F	13	—	—	—	3	3	7
12. Cancer of Breast ..	M	1	—	—	—	—	—	1
	F	62	—	—	—	3	29	30
13. Cancer of Uterus ..	F	30	—	—	—	3	10	17
14. Other Malignant and Lymphatic Neoplasms..	M	156	—	—	—	4	54	98
	F	126	—	—	—	7	44	75
15. Leukæmia, Aleukæmia	M	11	—	—	1	4	4	2
	F	6	—	1	—	1	2	2
16. Diabetes... ..	M	5	—	—	—	—	1	4
	F	12	—	—	—	—	3	9
17. Vascular Lesions of Nervous System .. ..	M	230	—	—	—	3	37	190
	F	365	—	—	1	5	47	312
18. Coronary Disease, Angina	M	254	—	—	—	6	92	156
	F	166	—	—	—	4	28	134

TABLE 2 (continued)—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Hypertension with Heart Disease .. .. .	M	45	—	—	—	—	9	36
	F	58	—	—	—	—	7	51
20. Other Heart Disease ..	M	167	—	—	—	3	27	137
	F	279	—	—	—	7	32	240
21. Other Circulatory Disease	M	58	—	—	—	1	12	45
	F	65	—	—	—	2	9	54
22. Influenza .. ..	M	15	—	—	—	3	6	6
	F	22	—	—	1	4	9	8
23. Pneumonia .. ..	M	75	4	2	—	2	18	49
	F	53	3	1	—	2	10	37
24. Bronchitis .. ..	M	115	2	—	1	2	36	74
	F	40	—	—	—	2	3	35
25. Other Diseases of Respiratory System .. ..	M	15	2	—	—	1	6	6
	F	7	1	—	—	1	3	2
26. Ulcer of Stomach and Duodenum .. ..	M	15	—	—	—	—	7	8
	F	7	—	—	—	—	1	6
27. Gastritis, Enteritis and Diarrhœa	M	5	1	—	1	1	2	—
	F	6	—	—	—	1	—	5
28. Nephritis and Nephrosis	M	15	—	—	—	3	3	9
	F	18	—	—	—	3	6	9
29. Hyperplasia of Prostate	M	15	—	—	—	—	4	11
30. Pregnancy, Childbirth, Abortion .. ..	F	2	—	—	—	2	—	—
31. Congenital Malformations .. .. .	M	18	10	2	2	4	—	—
	F	17	7	6	—	1	3	—
32. Other Defined and Ill-defined Diseases	M	108	20	3	2	8	32	43
	F	124	25	—	2	7	27	63
33. Motor Vehicle Accidents	M	19	—	1	2	5	5	6
	F	11	—	—	—	—	5	6
34. All Other Accidents ..	M	34	2	1	3	3	7	18
	F	49	1	1	—	1	7	39
35. Suicide .. .. .	M	15	—	—	—	2	7	6
	F	15	—	—	—	3	6	6
36. Homicide and Operations of War .. .. .	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—

TABLE 3

## MUNICIPAL WARDS. VITAL STATISTICS, 1957

	DEATHS					Infant Mortality per 1,000 live births	Births
	0 to 1 year	1 to 5 years	5 to 65 years	Over 65 years	Total all ages		
1. St. Margaret's ..	1	—	57	106	164	4.9	203
2. Latimer ..	3	—	49	158	210	13.2	227
3. Charnwood ..	—	2	49	130	181	—	185
4. Spinney Hill ..	2	—	56	156	214	11.5	174
5. Wycliffe ..	6	—	47	134	187	19.7	305
6. Castle ..	3	1	32	99	135	17.3	173
7. Westcotes ..	9	1	72	189	271	34.7	259
8. Newton ..	8	3	71	123	205	19.1	418
9. Abbey ..	7	3	58	113	181	19.9	351
10. Belgrave ..	4	1	67	134	206	18.6	215
11. Humberstone ..	7	2	84	193	286	20.3	345
12. Evington ..	2	—	43	87	132	6.8	292
13. Knighton ..	5	—	43	190	238	21.4	234
14. De Montfort ..	6	3	61	109	179	21.2	283
15. Aylestone ..	12	2	65	127	206	44.3	271
16. North Braunstone ..	3	—	67	99	169	7.2	417

(Local Figures)

TABLE 4

Showing the number of Deaths from certain Infectious Diseases in the Fifteen Years 1943-1957

Disease	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Measles ..	1	0	5	1	5	0	1	3	2	2	0	0	0	0	0
Scarlet Fever ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria ..	3	6	1	1	0	1	0	0	1	0	0	0	0	0	0
Whooping Cough ..	7	4	2	3	2	1	5	3	2	2	2	0	1	0	1
Diarrhoea } Under two															
Enteritis } years of age	25	25	43	76	83	19	6	7	5	5	4	4	2	2	1
Influenza ..	92	16	20	26	9	4	16	4	117	7	29	3	25	16	37
Puerperal Fever ..	4	3	1	1	0	0	3	3	0	0	0	0	0	0	0
Cerebro-Spinal Fever ..	4	1	2	4	2	3	1	2	2	0	4	4	0	0	0
Poliomyelitis ..	0	0	0	0	1	0	3	4	1	0	1	1	0	0	3
Encephalitis Lethargica ..	0	1	2	1	6	4	4	1	0	0	1	0	0	0	0
Pneumonia ..	133	112	147	148	146	93	128	99	137	114	128	99	148	113	128

**TABLE 5. DEATHS FROM CANCER, 1957**  
**(TOTAL 584)**  
 (Calculated locally)

Tabulated as to Age, Sex and Organ Affected,  
 in accordance with local classification

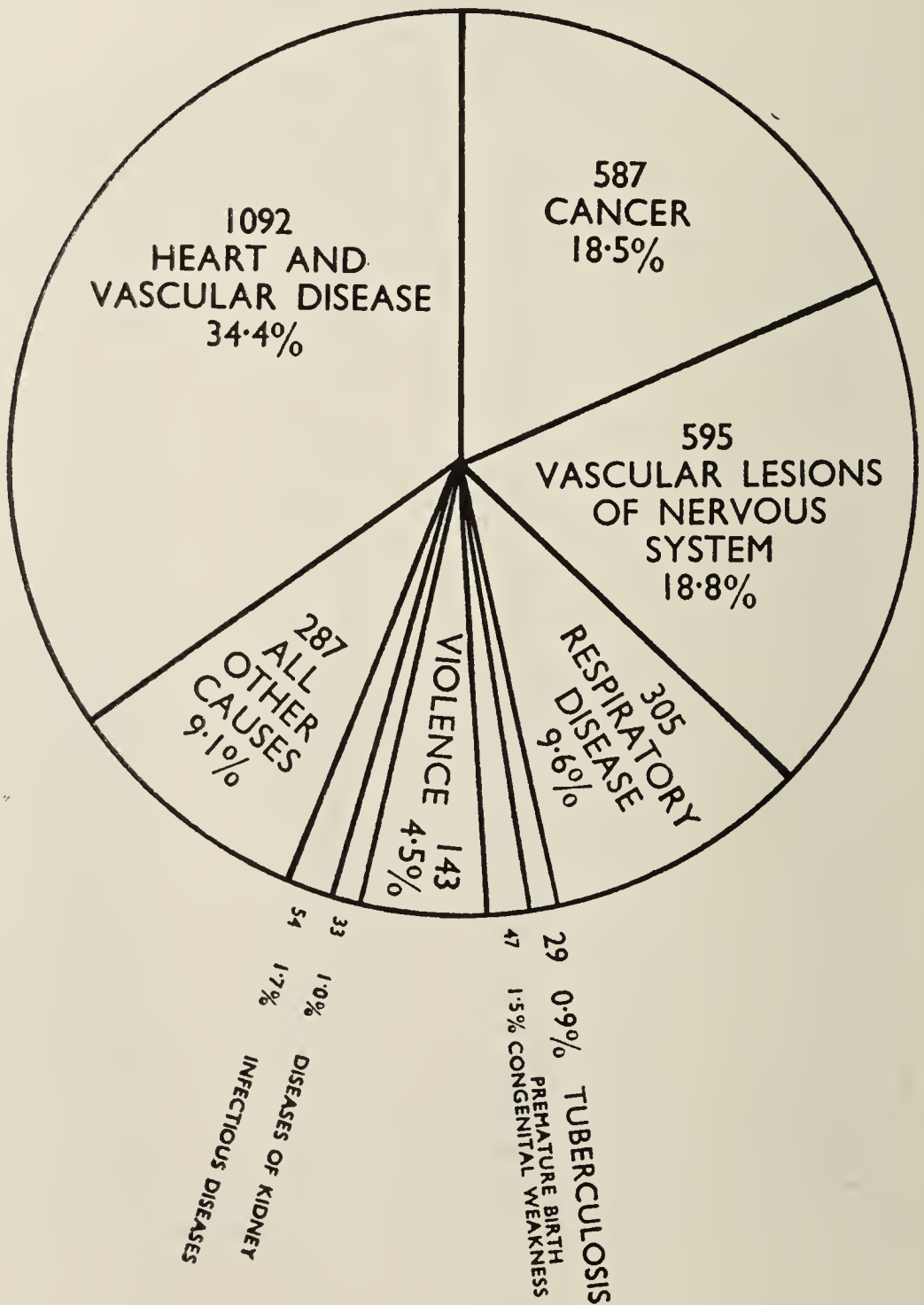
Organ Affected	Under 35 years		35-65 years		Over 65 years		All Ages	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip .. ..	—	—	—	—	—	—	—	—
Tongue .. ..	—	—	1	—	3	1	4	1
Jaw .. ..	—	—	1	—	1	—	2	—
Mouth .. ..	—	—	—	—	1	—	1	—
Larynx .. ..	—	—	1	1	4	—	5	1
Oesophagus .. ..	—	—	3	2	3	6	6	8
Stomach .. ..	—	—	25	8	20	25	45	33
Intestines .. ..	—	—	—	—	1	1	1	1
Colon .. ..	—	—	8	10	17	24	25	34
Rectum .. ..	—	—	6	5	15	10	21	15
Liver .. ..	—	—	3	1	2	1	5	2
Pancreas .. ..	—	—	10	3	9	4	19	7
Spleen .. ..	—	—	—	—	—	—	—	—
Lungs .. ..	—	1	65	7	38	6	103	14
Kidney .. ..	—	—	1	3	1	3	2	6
Bladder .. ..	—	—	6	2	8	2	14	4
Prostate .. ..	—	—	3	—	21	—	24	—
Testicle .. ..	—	—	—	—	—	—	—	—
Ovary .. ..	—	—	—	8	—	4	—	12
Uterus .. ..	—	—	—	12	—	17	—	29
Breast .. ..	—	1	—	27	1	29	1	57
Bones .. ..	—	—	1	—	—	2	1	2
Other Forms or not specified ..	4	4	19	17	16	19	39	40
Total ..	4	6	153	106	161	154	318	266

**TABLE 6**  
**CANCER STATISTICS, 1927-57**  
(Calculated locally)

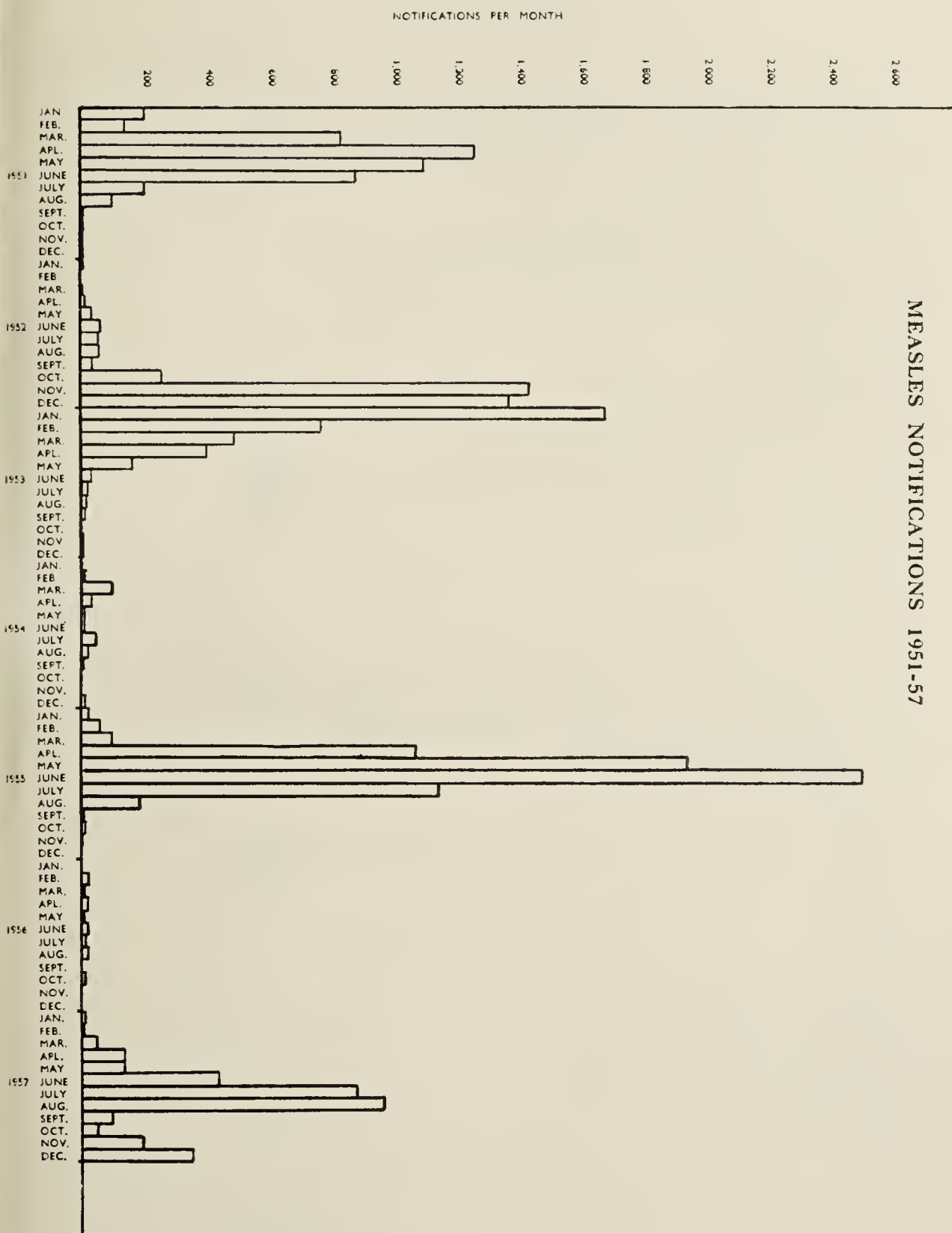
Year			Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death- rate per 100,000 Population
1927	..	..	324	10.6	132
1928	..	..	349	12.7	142
1929	..	..	357	10.4	145
1930	..	..	372	13.5	151
1931	..	..	357	11.9	148
1932	..	..	356	11.8	148
1933	..	..	367	11.9	152
1934	..	..	377	13.3	156
1935	..	..	384	12.9	150
1936	..	..	392	12.9	150
1937	..	..	366	11.2	139
1938	..	..	417	14.1	158
1939	..	..	423	14.0	161
1940	..	..	447	11.9	172
1941	..	..	471	14.5	177
1942	..	..	465	15.9	179
1943	..	..	487	15.0	191
1944	..	..	519	16.9	202
1945	..	..	496	15.9	193
1946	..	..	504	15.3	187
1947	..	..	492	14.7	178
1948	..	..	526	17.4	188
1949	..	..	509	15.5	180
1950	..	..	561	16.9	195
1951	..	..	579	16.4	203
1952	..	..	593	18.2	207
1953	..	..	527	16.4	184
1954	..	..	583	17.9	202
1955	..	..	542	15.8	189
1956	..	..	566	17.7	199
1957	..	..	584	18.4	209

# PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1957

TOTAL DEATHS, 3,172



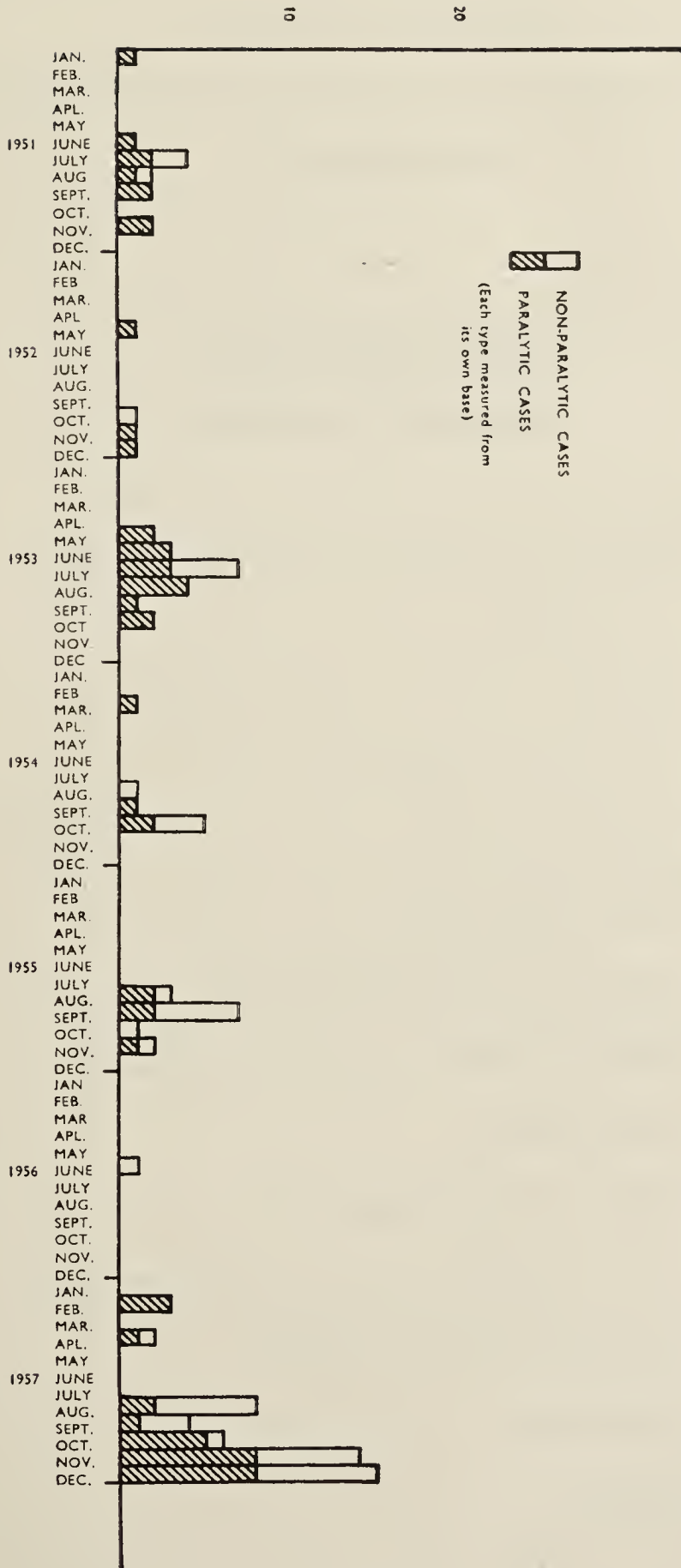
# MEASLES NOTIFICATIONS 1951-57



## NOTIFICATIONS PER MONTH



CONFIRMED CASES PER MONTH



CONFIRMED CASES OF POLIOMYELITIS 1951-57

## SECTION B

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### Miscellaneous Health Services

In this Section reports will be found on the following services :

- (a) Water Supplies
- (b) Cremation
- (c) City Ambulance Service
- (d) Mental Health Service
- (e) Home Nursing Service
- (f) Care and After-Care, Health Education
- (g) Home Help Service
- (h) Venereal Disease
- (i) Section 47, National Assistance Act
- (j) Children, neglected or ill-treated in their own homes
- (k) Prevention of break-up of families
- (l) Blind Persons
- (m) Housing

## WATER SUPPLIES

I am indebted to Mr. H. Wallhouse, M.I.C.E., M.I.W.E., A.M.I.Mech.E., Water Engineer, for the report on the work of his Department during 1957.

Mr. Wallhouse reports as follows :

“(1) (a) The water supply in the statutory area has been of good quality throughout the year. No restrictions on consumption have had to be imposed, but the ban on the use of hose pipes for watering private gardens and washing private cars has remained in force.

(b) Samples taken of raw and treated water from the local reservoirs and also samples of incoming Derwent water have been analysed both bacteriologically and chemically by the City Analyst, and details of this work have been given by the Analyst himself in his section of the Report.

In brief, he approved all samples of chlorinated water which were submitted, as safe and satisfactory for drinking, and reported that all filtered water would be satisfactory if subjected to terminal chlorination.

“(2) Apart from tests made on waters from the local works and the Derwent Valley source, analyses have also been made regularly and at random of samples from within the Area of Supply. Again the Analyst has reported favourably.

“(3) There are approximately 138,726 houses in the Area of Supply. Of these, it is estimated that 1,900 are supplied through communal taps fixed in the yards. The population supplied is estimated to be 423,250”.

## CREMATION

I am indebted to Mr. E. H. Marsh, Superintendent Registrar, for the following information, which is extracted from his Annual Report.

There are now 106 Crematoria in operation in Great Britain, six new ones being opened in 1957. The Leicester Crematorium was opened in 1902, and though its progress was very slow at first, it is now making excellent progress, the number of cremations in 1957 approaching the number of interments. There were 2,094 cremations in 1957 (1,842 in 1956) as compared with 2,159 interments (2,324 in 1956). The drainage area for cremations is, however, much larger than for interments. This is shown by the fact that the total number of deaths in the city alone last year was 3,172. Many of our cremations obviously came from non-city residents.

## CITY AMBULANCE SERVICE

(The following report has been prepared by Mr. J. E. Oswell, F.I.C.A.P. Chief Ambulance Officer.)

This is the ninth annual report of the Leicester City Ambulance Service to be presented since the inception of the new service on 5th July, 1948, and it is pleasing to report that there has been a decrease of 2,476 calls on the service during the year as compared with 1956. Unfortunately, the mileage travelled by road has not decreased proportionately. There has, however, been a saving of a total of 4,715 miles as compared with 1956, but taking into account a decrease of 2,476 patients at an average of 3.895 miles per patient, the saving proportionately should have been 9,644 miles. The discrepancy in the road mileage is, I am sure, due to two factors :

- (a) The congestion of vehicles in the main shopping area, which the drivers have to avoid to save time.
- (b) More people are now living on the large estates around the city boundary than in the past, which accounts for the average miles per patient increase by .059 miles.

It will be seen from the table adjoining, which gives the differences between the number of calls in 1956 and 1957 for various types of case, that there has been, with the exception of "out-patients", "admissions and transfers", "discharges and convalescence", very little change in the type of work carried out during the year, the main points being :

- (1) An increase of 1,013 "out-patients".
- (2) A decrease of 1,087 "admissions and transfers" of patients, and decreases of 2,199 "discharges and convalescence", 257 "maternity" and 97 "mental" patients.

Unfortunately, there has been a further increase of 81 road accidents, 154 "other accidents" and 24 "dead on arrivals" during the year as compared with last year.

Once again, more patients have been conveyed on long-distance journeys by train—376 in 1957 against 321 in 1956—an increase of 55 patients and 6,311 miles. With regard to patients conveyed by train, I have to report that during the year British Railways have again co-operated very well with the Ambulance Service, and in the case of the Central Station, have now provided a trolley and wheel chair for the use of the Ambulance Service, which will be a big asset to us. London Road Station has had this equipment for the past few years.

	Total Calls, 1957	Total Calls, 1956	Increase of 1957 over 1956	Decrease of 1957 from 1956
Out-patients .. ..	52,947	51,934	1,013	—
Admissions and Transfers	8,051	9,138	—	1,087
Discharges and Convales- cence .. ..	8,899	11,098	—	2,199
Maternity .. ..	1,444	1,701	—	257
Mental .. ..	83	180	—	97
Dead on Arrival ..	270	246	24	—
Infectious .. ..	141	168	—	27
Accidents (Road) ..	806	725	81	—
Accidents (Others) ..	1,725	1,571	154	—
Premature Cot .. ..	29	54	—	25
Other Authorities ..	102	97	5	—
Chargeable Transport ..	87	103	—	16
Gas and Air .. ..	3,563	3,618	—	55
Transport .. ..	1,892	1,845	47	—
Abortive .. ..	949	986	—	37
Total calls by road ..	80,988	83,464	—	2,476
Total mileage by road ..	315,471	320,186	—	4,715
Average miles per patient	3.895	3.836	.059	—
Patients by train ..	376	321	55	—
Mileage by train ..	44,901	38,590	6,311	—
Average miles per patient by train ..	119.4	120.2	—	.8

### Transport of Milk to the Human Milk Bank

The Ambulance Service still continues to carry out this service daily.

### Visits to the Ambulance Station

Three hundred and eighty-two people have during the year visited the Station. The Chief Ambulance Officer has also given talks to various local organisations, explaining the work of the Service to 313 people.

### Two-Way Radio

The use of radio in conjunction with an ambulance service has no doubt proved to be one of the outstanding features not only in giving a more efficient service to the patients, but in the passing of messages between the control and ambulances and in solving daily problems that arise regarding the speedy conveyance of patients. Once again there has been a further saving in road mileage, and radio has been one of the main reasons for the saving.

During the year the Committee agreed to the purchase of a further wireless set, which will be a big help in the maintenance of the 21 sets now in use.

### **Transport of Analgesia Apparatus**

The delivery and maintenance of gas and air machines is still carried out by the Service on behalf of the Maternity and Child Welfare Department.

### **Home Nursing Service Transport**

The Ambulance Service is still responsible for the repair and maintenance of all Home Nursing Service transport and during the year there have been new additional types of transport added. It is hoped that as soon as possible consideration will be given to the standardisation of a more suitable lightweight motor-cycle.

### **Mobile Clinic**

The transporting of the Mobile Clinic to the various sites on the large estates around the city boundary is still carried out by the Ambulance Service. During the winter, however, it was found that the water tanks were causing trouble through freezing during the cold weather ; these have now been lagged and this has overcome the difficulty. The clinic is still used six days a week and is proving very satisfactory. The replacement of the 16 h.p. saloon car used for towing the clinic will have to be considered by the Committee in October, 1958. The car was primarily a sitting case car used for conveying of patients, but the hard work of towing the clinic on to the various sites has reduced its life considerably.

### **Co-operation**

The Ambulance Service has harmonious relationship with the City Police, Fire Service and British Railways ; all services are working very well together.

Meetings between the Senior officers of the Service and officers of the Royal Infirmary have taken place from time to time during the year with good results and improved co-operation on both sides. It is hoped by next year (1958) that the problem of ambulance drivers carrying patients within the hospital will be entirely solved.

### **Staff**

There has been no change in the establishment of the staff during the year. There have, however, been times when the amount of work

has more than fully extended the Service and it may mean in the near future that there may have to be an increase in male drivers.

The following table shows the availability of employees during a normal working day :

Period of day ..	22.00 to 07.00 hrs.	07.00 to 08.00 hrs.	08.00 to 14.00 hrs.	14.00 to 17.00 hrs.	17.00 to 22.00 hrs.
Male drivers ..	5/6	10	27	27	11
Female attendants	1	2	4	4	2

(Without taking into consideration sickness and holidays)

### Service Strength

	<i>Strength 31st Dec.</i>	<i>Establishment</i>
Chief Ambulance Officer ..	1	1
Station Officers ..	2	2
Wireless Control Officer ..	1	1
Driver/Attendants ..	57	58
Female Attendants ..	8	10
Mechanics ..	4	4
Telephonist ..	1	1
Canteen Assistant ..	1	1
Clerks ..	2	2
Shorthand Typist ..	—	1
Boiler-Handyman ..	1	1
Coachpainter ..	1	1
	79	83

### Training of Drivers and Attendants

Drivers and attendants are required to pass a first-aid examination annually with either the S.J.A.B. or the B.R.C.S. A course of post-entry training on the lines suggested by the Ministry of Health was carried out during the year ; lectures and practical training were given in the evenings by the Medical Officer of Health and his deputy, officers from the Police Service and Fire Brigade and myself.

### Safe Driving Awards

Last year all drivers of the Ambulance Service were successful in qualifying for the Safe Driving Award—undoubtedly an outstanding achievement ; this year, however, there have been six drivers who have failed to qualify for the award and considering the conditions in the city and the large number of vehicles now travelling on the road, I think this is still a tribute to the careful driving by members of the Service.

### Influenza Epidemic

As a precautionary measure all staff at the Ambulance Station were vaccinated against influenza towards the end of the year.

## Civil Defence

Training of civil defence volunteers during the year has been carried out as in the previous past few years. There has, however, been a large increase in the membership, the present strength being 420 against 330 last year. The number of training nights has now increased to five per week plus exercises and driving tuition at week-ends. It was decided by the Civil Defence Committee to appoint an additional Civil Defence Instructor, to be attached to the Ambulance Service and also to do other duties in connection with Civil Defence. Mr. P. Curbishley was appointed to this position and commenced his duties at the beginning of October. As the amount of training has increased so largely during the past two years, further equipment has had to be obtained, and consequently it was agreed by the Civil Defence Committee to erect a civil defence store attached to the main garage at the Ambulance Station.

## Vehicles

The present strength of the Service is as follows :

17 Ambulances	5 Sitting Case Ambulances
2 Sitting Case Cars	1 Service Van
5 Civil Defence Ambulances	

I mentioned in my report last year that a vehicle replacement programme would have to be considered. In February last it was agreed that no provision be made in the 1957-8 rate estimates for replacing vehicles, but that the matter be further considered later in the year with a view to replacement in 1958-9 estimates. The large ambulances have now done at least 100,000 miles each and are requiring considerable repair both to the engines and the bodies, also painting to keep them serviceable. The small sitting case ambulances have done at least 60,000 miles and have recently required a great deal of mechanical work to be carried out.

In my opinion the vehicle replacement programme must commence during the next financial year and when the fleet has been replaced a total of only 16 large ambulances (as opposed to 17 at present) and five sitting case ambulances and two sitting case cars will be required.

To conclude, I am sure that this has been a most progressive and satisfying year. What has been accomplished is in no small measure due to the Lord Mayor, members of the Ambulance Sub-Committee, senior officers and staff of the Service for their encouragement and support which has been most warmly appreciated.

		1953	1954	1955	1956	1957
<b>Vehicle "Calls" by Road :</b>						
City Ambulance Service	..	82,253	80,687	81,358	81,207	79,484
St. John Ambulance Committee	..	1,676	1,940	2,325	2,257	1,504
<b>TOTALS</b>	..	83,929	82,627	83,683	83,464	80,988
<b>Mileage by Road :</b>						
City Ambulance Service	..	386,018	349,727	320,812	312,881	310,105
St. John Ambulance Committee	..	5,491	6,244	7,646	7,305	5,366
<b>TOTALS</b>	..	391,509	355,971	328,458	320,186	315,471
<b>Average Miles per Patient by Road</b>	..	4.66	4.31	3.92	3.84	3.90
<b>Patients Conveyed by Train :</b>						
Patients conveyed by train	..	65	153	242	321	376
Number of miles travelled by train	..	12,862	23,278	31,625	38,590	44,901
Average miles per patient by train	..	197.9	152.1	130.7	120.2	119.4
<b>Children Conveyed to and from the Occupation Centre :</b>						
Children to and from the Occupation Centre	..	22,239	25,142	23,847	*6,563	—
Mileage	..	17,685	16,506	15,681	5,693	—
Average miles per child	..	.79	.66	.66	.87	—

\*Seven months only

## MENTAL HEALTH SERVICE

(Mr. S. A. GOODACRE Chief Mental Health Officer)

### (i). Administration

#### (a) *Constitution and Meetings of the Mental Health Sub-Committee*

To the members of the Council who combine and serve on the Mental Health Sub-Committee are added three co-opted members, one of whom is the Medical Superintendent of the Towers Mental Hospital representing No. 3 Hospital Management Committee, one represents the Local Medical Committee and one the Executive Council.

Meetings are bi-monthly and are usually convened at the Town Hall or at the Emily Fortey School.

#### (b) *Staff*

The Medical Officer of Health is directly responsible for the administration of the Service, and is assisted by his deputy, who also carries out periodic examinations of pupils at the Emily Fortey School and acts as ascertainment officer with reference to mental defectives.

#### *Staff at Charles Street*

At the end of the year the staff of the Department at Charles Street consisted of the Chief Mental Health Officer, the Deputy Mental Health Officer, four Mental Health Visitors and one Social Worker. Assistance with the clerical work and administration is provided by two general clerk/typists.

The Chief Mental Health Officer is responsible for the day-to-day administration of the Department, including some of the organisation and management of the Emily Fortey School and the co-ordination of the many and varied duties performed by the officers of the Department. In this he is assisted by the Deputy Mental Health Officer and both are designated to enable them to act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts and Mental Health Visitors under the Mental Deficiency Acts.

For the purpose of Community Care of the mentally ill and the supervision and care of the mental defectives, the city is divided into five areas, the Deputy Mental Health Officer and the four Mental Health Visitors each being responsible for an area, within which they deal with all forms of supervision, care and after-care. With the exception of one of the Mental Health Visitors, who is a woman, all are designated as Duly Authorised Officers under the Lunacy and Mental Treatment Acts. All five area officers are authorised to present

Petitions and to perform all relevant duties under the Mental Deficiency Acts. A 24-hour day service is provided for mental health emergencies, and a duty rota is maintained, the responsibility for this being shared between the Chief Mental Health Officer, his Deputy and the three Male Mental Health Visitors. The details of this rota are passed to the City Ambulance Service, which Department co-operates by promptly supplying an enquirer with the name, address and telephone number of the duty Mental Health Officer during nights, week-ends, bank holidays, etc., and this system has proved itself to be very satisfactory.

No training schemes, specially for Duly Authorised Officers or Mental Health Visitors, are at present able to provide such officers with academic qualifications. Training schemes are being planned by the appropriate vocational associations and it is possible that qualifications will be available in the near future. In the meantime, the area group of the Society of Mental Welfare Officers and the Association of Teachers of the Mentally Handicapped combine to arrange lectures, instructive talks and hospital visits, and the keenness of the staff is such that no opportunities are lost to improve their knowledge of work in the mental health field. The Midland Mental Deficiency Society has seven members in this Department, and the papers read at meetings of this Society have been extremely valuable in providing similar educational facilities.

The Social Worker was appointed in June, 1957, to deal more specifically with the community care of the mentally ill. This appointment was in lieu of the vacant establishment of a Psychiatric Social Worker which has been unfilled since early 1954.

At the end of the year the staff at the Emily Fortey School consisted of the following :

#### **Full-time**

Mrs. M. V. Taylor, Supervisor, N.A.M.H. Diploma, her Deputy and four Assistant Supervisors, two male Handicraft Assistants and one Nursery Assistant.

#### **Part-time**

One cook, one assistant cook and three kitchen assistants.

Two dining-room attendants and two cleaners.

Three bus attendants ; plus

One full-time gardener-handyman.

(c) *Co-ordination with Regional Hospital Board and Hospital Management Committee*

One member of the Mental Health Services Sub-Committee is a member of the Hospital Management Committee concerned with the hospital care of the mentally ill and mentally deficient persons in the area. The Deputy Medical Officer of Health is a co-opted member of the Sub-Committee that deals more particularly with Mental Deficiency.

The Medical Officer of Health is an appointed visitor of Licensed Houses under the Lunacy Acts and of Certified Institutions under the Mental Deficiency Acts and he regularly attends the quarterly meetings when Orders are reconsidered.

The Medical Superintendent of the Glenfrith Hospital for Mental Defectives readily acts in an advisory capacity on problems bordering on and within the Mental Deficiency fields. Clinics are held at the Mental Health Offices in Charles Street, and visits made to the homes where necessary, and parents and their children are seen. The Mental Health Officer and Visitors find helpful advice readily forthcoming from this source. There are cases where doubt arises when ascertaining a mental defective and the Medical Superintendent is always ready to arbitrate and give expert knowledge and advice when and where desired.

The Medical Superintendent of the Towers Hospital, already mentioned as a member of the Mental Health Sub-Committee, is also accessible, as are the Consultant Psychiatrists and Medical Staff of the Mental Hospital, to advise on problems arising in the field of mental illness. A weekly case conference is held at the Towers Hospital to which this Department's Officers have access.

Overlapping of the Hospital Social Workers and those from this Department is reduced to a minimum because of the close co-operation maintained. The tendency is always to remove the demarcation line of the respective fields and co-ordinate the work to a common aim. The whole of the responsibility for Community Care and After-Care of the mentally ill and the mentally deficient is shared between the Officers of the Mental Health Department and the Social Workers of the Hospitals, and no duties are delegated to voluntary associations. Officers of the Department work closely with other social agencies and a great deal of assistance is obtained from welfare workers of voluntary bodies.

The supervision of patients on licence from hospitals for mental defectives is similarly shared between officers of the Hospital Management Committee and the Local Health Authority; these duties include

visits in respect of the renewal of Orders of patients in hospital and reports and supervision of patients on leave.

## (ii) Account of work undertaken in the Community

### (a) Under Section 28, National Health Service Act, 1946

#### *Prevention, Care and After-Care*

In the initial stages of referral, the whole of the domiciliary work of the Department is carried out under this Section.

A total number of 1,476 persons were dealt with during 1957 who were either suffering, or alleged to be suffering from mental illness or mental defectiveness. 728 of these are explained more particularly in the section of this report which relates to Mental Treatment, and 748 are analysed in the section concerning Mental Deficiency. Comparable figures for 1956 are 1,357, 635 and 722.

### (b) Lunacy and Mental Treatment

On 1st January, 1957, there were 333 persons receiving help and advice in the Community either as observation or after-care cases. During the year a further 395 persons were referred, making a total of 728 persons who were dealt with. Of this total, 252 were admitted to hospital.

The following statistics refer to initial admissions (subsequent action following Section 20 admissions is dealt with later in this Report).

	1957	1956	1955	1954	1953	1952	1951
Summary Reception Order (Lunacy Act, 1890, Sec. 14, 15 and 16) ..	48	68	66	108	145	146	129
Urgency Order (Lunacy Act, 1890, Sec. 11) .. .. .	—	2	4	12	13	17	15
Three-day Order (D.A.O.) (Lunacy Act, 1890, Sec. 20) .. ..	165	135	124	42	14	5	—
Fourteen-day Order (J.P.) (Lunacy Act, 1890, Sec. 21 (1) ) .. ..	3	4	3	—	—	—	—
Voluntary (Mental Treatment Act, 1930, Sec. 1) .. .. .	36	18	14	4	15	18	16
Temporary (Mental Treatment Act, 1930, Sec. 5) .. .. .	—	—	2	4	4	3	4
	<hr/> 252 <hr/>	<hr/> 227 <hr/>	<hr/> 213 <hr/>	<hr/> 170 <hr/>	<hr/> 191 <hr/>	<hr/> 189 <hr/>	<hr/> 164 <hr/>

Nearly all the cases dealt with by admission to hospital were initially referred to the Department's officers by the patient's usual medical practitioner. In instances where the source of referral is otherwise, a

general practitioner is usually brought into the case before action is taken.

In all cases dealt with, whether by hospital admission or not, the approval of the patient's usual medical practitioner and the consent of the patient's relatives is sought and their joint consent invariably obtained before officers of the department actively work on the problem.

Section 20 action limits the detention to a maximum of three days, but may, where necessary, be further extended by the Medical Superintendent of the Hospital by an additional period of 14 days. There are numerous factors which must be taken into account before the more suitable instrument of admission is decided, but it is thought that in the main, the advantage of Section 20 as a means of admission to hospital is a very big step forward towards a happier future for the treatment of the mentally ill. In many such cases the patient receives treatment earlier than he perhaps would have done if he had remained at home until certifiable. After admission he recovers sooner without the need, in the majority of instances, of certification. The patient is grateful and the patient's relatives are most appreciative, all of which results in more co-operation and an improvement in social relationships which progressively will lead to the banishment of the stigma of mental illness yet remaining with the general public. The following statistics relate to the 165 patients dealt with by initial admission under Section 20 of the 1890 Act :

	Became Voluntary patients	Died	Dis- charged	Certified	Total
Within 3 days ..	39	3	9	2	53
After Section 21(a) extension of 14 days ..	78	6	20	8	112
Total ..	117	9	29	10	165

In the table of statistics showing the disposal of all cases referred, the figures which show how many patients were admitted voluntarily (36) may seem surprisingly small, but to arrive at a more accurate total of voluntary patients admitted under this Section of the Mental Treatment Act, one should need first to add 120, the number who became voluntary patients after initial admission according to Section 20 or 21 (1) of the Lunacy Act 1890, and a further 455 patients who applied for admission at the Hospital either alone or with a relative.

In the latter instance such cases are not accompanied by a Mental Health Officer, but some seek admission because of advice given to

The following statistics relate to persons referred to the Department during 1957 who were suffering, or alleged to be suffering from Mental Illness

Age ..	Men								Total Men	Women								1957 Total	1956 Total	1955 Total
	Men									Women										
	Under 20	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 and over		Under 20	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 and over			
Sec. 16 L.A. 1890 (Certified) .. ..	-	2	4	2	1	1	1	-	11	-	1	3	6	4	14	5	4	37	48	68
Sec. 1 M.T.A. 1930 (Voluntary) .. ..	5	3	2	1	-	1	1	1	14	-	6	7	2	4	2	1	-	22	36	19
Sec. 11 L.A. 1890 (Urgency) .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Sec. 20 L.A. 1890 (Three-day Order) .. ..	3	8	15	16	12	14	6	2	76	5	14	18	14	16	14	4	4	89	165	124
Sec. 21 (1) L.A. 1890 ..	-	-	-	1	-	-	-	-	1	-	-	-	2	-	-	-	-	2	3	4
Community Care ..	5	9	5	7	3	3	-	1	33	1	3	4	8	13	6	-	-	35	68	41
After investigation	Referred to Welfare Department ..	-	-	1	-	-	1	1	3	-	-	-	1	1	1	1	5	9	12	11
	Referred (back) to General Practitioner	-	1	1	1	-	-	-	3	-	-	2	1	2	1	-	-	6	9	10
	No Action .. ..	1	6	8	5	4	3	3	30	-	4	5	2	7	2	2	2	24	54	38
	TOTAL 1957 ..	14	29	35	34	20	22	12	5	171	6	28	39	36	47	40	13	15	224	395
1956 ..	8	20	33	19	18	6	14	2	120	6	17	28	26	34	41	41	14	207	327	-
1955 ..	3	16	32	28	11	18	16	3	127	3	11	26	36	27	41	22	12	178	305	-

them by Officers of the Department. Such admissions and discharges are not notified to the Department by the Towers Mental Hospital.

Twenty-two patients were admitted to the Towers Hospital via Section 20 during the year by the County Duly Authorised Officers. Such patients were resident within the catchment area of the Towers Hospital. Once such patients are admitted, the legal responsibility for further action by a Duly Authorised Officer falls on the City Officers and I therefore give the following statistics relating to such admissions :

Of the 22 admissions in accordance with Section 20 Lunacy Act 1890.

9 became voluntary patients within 3 days			
a further 8	„	„	after a further 14 days
2 were discharged	„	„	„
3 were certified	„	„	„

The responsibilities under the Act regarding 19 of those patients were largely administrative and only in respect of the three patients certified did the City Duly Authorised Officers take further action under the Lunacy Acts. Medical fees with regard to such cases are charged to the County Authority.

Of the 252 patients admitted to hospital by this Department's officers, 229 were admitted to the Towers Hospital ; 22 were admitted to Carlton Hayes (18 Section 20, three voluntary, one certified) ; one was admitted to St. Ebbas Hospital, Epsom.

Of the 22 who were admitted to Carlton Hayes Hospital, 13 patients were referred by the Leicester Royal Infirmary, four by the Leicester General Hospital, two from other nursing homes and three from private addresses in the city. 21 of these patients were normally resident in the Carlton Hayes catchment area of Leicestershire.

*Community Care*

Of the 395 persons referred, 143 were not admitted to hospital. The majority of those who were admitted were referred to the department by the patient's general practitioner or by local hospitals. The 143 non-admissions were referred from a variety of agencies and were as follow :

From General Practitioners	..	..	35
„ Psychiatrists	..	..	23
„ Leicester Royal Infirmary	..	..	6
„ Leicester General Hospital	..	..	2
„ Mental Hospital Social Workers	..	..	5
„ Police	..	..	13
„ Relatives	..	..	16
„ Neighbours	..	..	8

From Friends	..	..	..	3
„ The patients themselves	..	..	..	6
„ H.M. Forces	..	..	..	4
„ Welfare Department	..	..	..	4
„ Children's Department	..	..	..	3
„ Health Visitors	..	..	..	3
„ Other Local Authorities	..	..	..	2
„ Other Mental Hospitals	..	..	..	2
„ Probation Department	..	..	..	2
„ Home Helps	..	..	..	2
„ National Assistance Board	..	..	..	2
„ W.V.S.	..	..	..	1
„ Minister of Religion	..	..	..	1

143 referrals

	1957	1956	1955	1954	1953
Those persons having Community Care on January 1st (including observation, preventive or after-care)	.. .. 333	308	252	191	88
Persons referred during the year..	.. 143	100	94	98	103
Total	.. .. 476	408	346	289	191
Those referred to the Welfare Department	12	11	5	14	-
No further action proposed (cases dealt with satisfactorily)	.. .. 89	64	33	23	-
Those persons needing Community Care on December 31st	.. .. 375	333	308	252	191

Practically all of those persons suffering from mental illness of such a nature as to require community care, either as a preventive measure to avoid the need for hospital treatment, or as after-care and rehabilitation following hospital care, are theoretically considered to constitute the case load of the Social Worker for the mentally ill. Because of the large number involved many of these cases have to be distributed amongst the already fully extended Mental Health Visitors.

The attitude of the public towards mental ill-health, the need for advice and early treatment is causing greater demands on the service which the Department provides.

There is now a constant case load of 677 mentally defective persons needing some form of supervision, to which must be added the day-to-day referrals of new mentally deficient persons (71 cases during last year), and similar referrals of the mentally ill (395 during 1957). This total is the high but normal case load for distribution between the five Mental Health Visitors.

It is important that every community care case receives attention, but available time will allow only for adequate help in the more necessitous circumstances.

(c) *Under Mental Deficiency Acts, 1913-1938*

Analysis of cases dealt with during the year :

		<i>Cases on Jan. 1st, 1957</i>	<i>During 1957</i>		<i>Cases on Dec. 31st, 1957</i>
			<i>Additions</i>	<i>Removals</i>	
Statutory Supervision	..	479	33	52	460
Voluntary Supervision	..	101	8	4	105
After-care and Miscellaneous cases	.. ..	72	25	4	93
Licence	.. ..	10	2	7	5
Guardianship	.. ..	—	3	1	2
Community care pending ascertainment	..	15	—	3	12
Total (1957)		677	71	71	677
(1956)		643	79	45	677
(1955)		589	68	19	638
(1954)		575	61	47	589
(1953)		562	86	73	575
(1952)		537	47	22	562
(1951)		491	77	31	537

Of cases referred during the year, 25 were from the Local Education Authority. Twelve of those concerned ineducable children excluded from the provisions of the Education Act and 13 were considered likely to require supervision after leaving school.

**Mental Deficiency Hospital Care**

*Temporary Care (Circular 5/52)*

Since the opportunity was originally created in 1952 to enable supervision cases to be admitted for short-term care in a Mental Deficiency Hospital the requests for such care have been made to the Glenfrith Hospital.

During 1957 we were granted facilities by the Physician Superintendent to enable such care to be given in 32 instances. This care was sought in some instances because of an emergency in the family situation ; a mother to hospital is not an infrequent cause of such an

emergency. Many of those admitted enabled the parents of a difficult defective to have a holiday free from the care of their problem child. In the latter type of admission application usually needs to be restricted to a period of two weeks because of the shortage of available accommodation. In cases of emergency such hospital care can be given for a period not exceeding eight weeks.

Particular consideration is given to those cases long on the waiting list for more permanent care.

During 1952 Temporary Care was given in 4 instances

„	1953	„	„	„	10	„
„	1954	„	„	„	15	„
„	1955	„	„	„	15	„
„	1956	„	„	„	19	„
„	1957	„	„	„	32	„

Accommodation only becomes available when the hospital's own patients are temporarily absent. During 1957 the successful applications represented approximately 90% of the total applications made.

*More Permanent Hospital Care (dealt with by Petition—Patients admitted under Certificate)*

The total number of admissions made to Mental Deficiency Hospitals during 1957 was 34.

Three of these were on behalf of other Authorities but only one admission was to a Mental Deficiency Hospital other than the Glenfrith.

Of the 31 Leicester City patients admitted to the Glenfrith Hospital, three were because of the sudden death of a parent, one was to enable a parent to enter hospital for an emergency operation, two were the result of action in the Magistrates' Courts and 25 were from those names which were on this department's waiting list for admission.

*Waiting List for Mental Deficiency Hospital Care*

When the year commenced there were 40 names on the waiting list.

There were 25 names removed from this list when vacancies were given and three were removed when alternative arrangements were made or home conditions improved. 13 new names were added during the year and 25 vacancies were needed concerning those in the community on December 31st.

In addition to those previously referred to in the community there are 10 adult female patients in the Towers Mental Hospital who also await Mental Deficiency Hospital vacancies.

Names are only added to this waiting list when there is some real emergency of need. A name is not included where the care and control at home is considered reasonable or where opposition is likely to arise if hospital care were proposed.

### EMILY FORTEY SCHOOL

This School, a very advanced training ground for mentally handicapped children, was first opened in September, 1956, and in its first complete year of being, made great forward strides in improving community care for such children.

Having been provided with such an up-to-date establishment with all its modern aids, the staff and the pupils have taken full advantage of their good fortune and it is most rewarding to see such a progressive trend developing in such a short time.

Had many of these children only been provided with the old type of Occupation Centre there would have been a much longer waiting list for residential hospital care than there happens to be at the end of this year.

As time progresses the further development of these premises to suit the pupils' needs will be comparatively easy and already it can be seen that there will soon be a need for additional premises to branch off from this School to provide further training and development for the older pupil.

Additional help in the nursery may very soon be necessary because of the numbers of children now entering the school at this stage.

Throughout the year there have been numerous visitors shown round the premises, and by the end of the year it was obvious that interest in this work was still growing from the number of requests which continue to be received from the great variety of people who wish to see the School.

### Teaching Staff

Mrs. M. V. Taylor, Supervisor, N.A.M.H. Diploma, her Deputy and four Assistant Supervisors, two male Handicraft Assistants and one Nursery Assistant.

### Other Staff

One Cook, one Assistant Cook and three Kitchen Assistants

Two Dining Room Attendants

Two Cleaners

One Gardener/handyman

Three Bus Attendants

### The Building

Details of the construction of and accommodation in the building were given in my last Annual Report.

The number of pupils on the register, January, 1950 = 30 pupils

„	„	„	„	„	1951 =	51	„
„	„		„	„	1952 =	64	„
„	„	„	„	„	1953 =	73	„
„	„	„	„	„	1954 =	84	„
„	„	„	„	„	1955 =	85	„
„	„	„	„	„	1956 =	87	„
„	„	„	„	„	1957 =	130	„
„	„	„	„	„	December, 1957 =	120	„

The building was designed to accommodate 120 pupils. During the year the number on the register has varied between 120 and 130. Many monthly reports show an average attendance of almost 110 pupils per day.

S. A. GOODACRE

### EMILY FORTEY SCHOOL DENTAL SERVICE REPORT

Following the inspection of the children of school age at the Emily Fortey School last year, it was felt that so much good had been done that not only should it be repeated but all ages should be included, but still limiting treatment to the elimination of pain and sepsis.

Seventy-three children of school age were inspected and 36 were referred for treatment ; 41 over school age were inspected and 30 referred ; a further nine of school age and 12 over were found defective but not referred for treatment.

The teeth generally were shockingly neglected, most showed gingivitis and many acute gingivitis. 12 sample swabs were taken and the results showed eight with Vincent's organisms present. It was, therefore, decided to swab everyone in the school, In all, of 111 pupils, 36 were Vincent's positive.

Of the staff, who all consented to swabbing, one out of the 15 was positive and this in a particularly well-cared-for mouth, but the very early discovery was most fortunate in preventing development of the normal signs and symptoms.

Every case was excluded from school and the respective doctors were informed and penicillin treatment was given by them, mostly by injection. One case only failed to respond to treatment in a reasonable time and this was one of the few who had had oral penicillin prescribed but which was not being taken ; treatment by injection rapidly remedied this. Re-admission was allowed only after negative swabs were obtained. In the meantime, under the supervision of the Medical Officer of Health, rigid precautions were taken in the school to eliminate further risk.

A dental chair was moved to the medical room at the school and scaling and polishing carried out there—a very slow and difficult task on this particular type of patient. No treatment was started for those with established Vincent's infection until negative swabs were obtained and extractions were further postponed where necessary until the mouths had been cleaned up.

The dental hygienist did a very fine job in scaling and polishing teeth for 51 of these patients.

Extractions were carried out at the Richmond House clinic, and two special gas sessions and part of another were given to this treatment ; 49 anaesthetics were administered and 151 permanent and 67 temporary teeth were extracted.

I would record my appreciation of the excellent co-operation of Mrs. Taylor and her staff and of Mrs. Elliott in particular who was usually standing by while the patients were treated at the school and who had a most reassuring influence on them.

C. A. REYNOLDS, L.D.S. R.C.S. (Eng.)

# HOME NURSING SERVICE

## Senior Superintendent's Report for the Year 1957

(Miss A. RATCLIFFE, S.R.N., S.C.M., Q.N.S.)

During the year under review—the fourth year of the authority's direct administration of the Service—important changes were agreed upon in the use of residential accommodation at the West End and Central Homes.

Over the past ten years the residential accommodation provided at these Homes has not been fully occupied for various reasons—the employment of married nurses, the tendency for nurses to become non-resident, and the extension of the nursing areas by the building of new housing estates where, to meet the public needs, the Housing Committee allocated six houses which are occupied by seven members of the staff who serve the areas in which they reside. The proposed alterations which are given below will result in advantageous use of the accommodation, with a considerable saving of expenditure, improved co-ordination of the Home Nursing, Health Visiting, Public Health Inspection, and School Health Services, and rented accommodation for the district nurses and students who desire to live on the premises.

The proposed use of the accommodation is as follows :

**West End Home, 62/68 Valence Road** to be adapted and used for the following services :

Home Nursing Service will continue to serve the west end part of the city from this centre, and two furnished flats will be occupied by the Home Nursing Superintendent and a Queen's Nursing Sister, with clinics for Maternity and Child Welfare and School Health Service, also offices for health visitors and public health inspectors working in the Braunstone area.

**Central Home, 96 New Walk** to be converted and used for the following services :

Home Nursing Service will continue to serve the central area of the city from this centre, provision being made for the continuation of the training at this centre for district nurses. There will be two self-contained furnished flats for the Home Nursing Superintendent and a Queen's Nursing Sister, four furnished flatlets with a joint sitting room for Queen's Nursing Sisters and Queen's Nursing Students, clinics for Maternity and Child Welfare, and centre for Welfare Foods Distribution.

It is anticipated that the alterations at the West End Centre will begin early in 1958, and be completed for the combined services to operate from here in May, 1958. The alterations at the Central Home will commence in the late Spring and be completed before the end of the year 1958.

The Home Nursing personnel welcome the co-ordination of the services and are confident that these proposed changes will bring about a closer liaison with colleagues in other branches of the Public Health Service.

### Nursing Work Statistics

The system of record keeping which was introduced and established in 1956 continues to give valuable information as will be seen in the report on the nursing work given below :

Year	Cases brought		Total cases	Total visits
	forward	New cases		
1948 ..	589	4,086	4,684	113,903
1949 ..	614	4,696	5,310	127,207
1950 ..	775	5,434	6,209	131,083
1951 ..	768	6,205	6,973	133,690
1952 ..	755	7,226	7,981	136,586
1953 ..	819	8,166	8,381	157,198
1954 ..	958	8,381	9,339	167,665
1955 ..	1,058	8,324	9,382	166,983
1956 ..	998	8,159	9,157	165,887
1957 ..	1,092	7,635	8,726	168,399

#### Summary of work in each area

		No. of Cases		No. of Visits	
		1956	1957	1956	1957
Central Home	..	3,747	3,424	65,007	65,559
West End Home	..	2,980	2,765	54,095	56,325
Belgrave Home	..	2,430	2,537	46,785	46,515
Totals	..	9,157	8,726	165,887	168,399

Total males nursed	..	..	3,600
Total females nursed	..	..	5,126

#### Classification of Cases and Visits

		1956		1957	
		Cases	Cases	Visits	Visits
Medical	..	6,814	6,582	144,114	134,749
Surgical	..	1,898	1,725	9,020	25,105
Tuberculosis	..	247	130	11,481	6,026
Notifiable diseases	..	10	91	95	975
Maternal complications	..	133	159	1,027	1,389
Others	..	55	39	150	155

### Source of Cases

			No. of cases	%
General practitioners .. ..	..	..	6,299	72.20
Leicester Royal Infirmary .. ..	..	..	1,619	18.55
Leicester General Hospital .. ..	..	..	263	3.01
Hillcrest Hospital .. ..	..	..	10	.11
Other Hospitals .. ..	..	..	107	1.23
Chest Clinic .. ..	..	..	86	1.00
School Medical Service .. ..	..	..	1	—
Health Department .. ..	..	..	51	.58
Welfare Department .. ..	..	..	20	.23
Direct application .. ..	..	..	270	3.09

### Average monthly case and visit load per nurse

		No. of Cases		No. of Visits	
		1956	1957	1956	1957
Central Home .. ..	..	16	16	295	321
West End Home .. ..	..	17	16	322	333
Belgrave Home .. ..	..	16	16	300	298

### Result of Treatment by Age Groups

			0-4	5-14	15-64	65 and over	Total
Recovered .. ..	..	..	448	409	2,881	1,373	5,111
Hospital .. ..	..	..	38	36	620	556	1,250
Died .. ..	..	..	3	1	179	524	707
Referred to Health Visitor			53	3	125	21	202
Referred to Nursing Home			—	—	3	20	23
Referred to Private Nurse ..			—	—	3	5	8
Refused treatment .. ..	..		—	—	6	5	11
Left the district .. ..	..		6	2	55	127	190
Other causes .. ..	..		1	6	52	35	94
Carried forward to 1958 ..	..		6	7	405	712	1,130
Totals .. ..	..		555	464	4,329	3,378	8,726

## Classification of Diseases, Cases and Visits

(Only main diseases are given)

				% of total cases	% of total visits	Average No. of visits per case
	Cases	Visits				
Tuberculosis .. ..	130	6,026		1.49	3.58	46
Cancer .. ..	442	13,788		5.07	8.19	31
Other tumours .. ..	163	1,435		1.87	0.85	9
Diabetes .. ..	162	17,997		1.86	10.69	111
Anaemia .. ..	382	7,120		4.38	4.23	19
Heart and circulatory ..	1,364	43,754		15.63	25.97	32
Respiratory .. ..	1,584	16,079		18.15	9.55	10
Digestive .. ..	918	4,912		10.53	2.92	5
Renal diseases .. ..	51	330		0.58	0.20	6
Generative organs—male and female .. ..	600	4,519		6.88	2.68	7
All maternal complica- tions .. ..	159	1,389		1.82	0.82	9
Boils, abscesses and skin diseases .. ..	1,146	12,755		13.13	7.57	11
Acute rheumatism .. ..	1	10		0.01	0.01	10
Rheumatoid arthritis ..	100	4,559		1.15	2.71	46
Diseases of the nervous system .. ..	197	9,460		2.26	5.61	48
Diseases of the eye and ear .. ..	240	2,059		2.75	1.23	9
Other specified or ill- defined diseases .. ..	611	15,633		6.99	9.27	26
Diseases of the bones ..	98	1,382		1.12	0.82	14
Congenital malformations	8	784		0.09	0.47	98
Infectious and parasitic cases .. ..	135	1,272		1.55	0.77	9
Allergic disorders .. ..	4	54		0.05	0.03	13
Other deficiency diseases	4	16		0.05	0.01	4
Accidents :						
Occupational .. ..	7	107		0.08	0.06	15
Road .. ..	89	1,087		1.02	0.65	12
Home .. ..	131	1,872		1.50	1.11	14

### General Observations

The statistics reveal a slight decrease in the number of cases, with a fairly substantial increase in the visits to surgical patients.

**Medical cases** show a decrease in cases and visits due in part to new treatments by drugs which are administered at less regular intervals, and other drugs which are taken by mouth. Many of the medical cases are in the older age group, being long-term patients, and the number of visits depends on the nature of the illness, treatment, and help available in the home.

**Surgical cases** decreased slightly with an increase in visits. In 1956 the average number of visits to this type of case was five as against 13 in 1957. This is mainly due to the increase in long-term treatment, e.g. varicose ulcers, post-radium treatment, etc.

**Tuberculosis cases** again show a positive decrease—130 cases, 6,226 visits in 1957, compared with 247 cases and 11,481 visits in 1956. This is no doubt the result of many years of work, which must be most gratifying to those responsible.

**Notifiable diseases** show an increase, being due to the incidence of influenza during the late autumn, the nurses visiting a few homes to nurse more than one member of the family. In one house 11 Pakistanis were nursed. The language created difficulties but this was overcome by giving each patient a number. After this was established, routine treatment was successfully carried out.

**Maternal complications** are transferred to the Service by the domiciliary midwives, general practitioners and hospitals. After the fourteenth day, or when the patient has recovered, the case is transferred to the health visitor for supervisory visits.

**Other cases** consist of patients sent in for observation or pathological specimens.

**Source of case** again reveals that the general practitioner refers the largest percentage of the total cases. Collaboration with the general practitioner is a vital link in the success of our service, resulting in a sympathetic understanding of one another's problems.

Approximately 24% of the cases are referred by the local hospitals and Chest Clinic. Direct application is made for a little over 3% of the total cases, these usually being from relatives or patients in the older age group. The general practitioner is informed and treatment is carried out on his instructions.

**Result of treatment.** The total number of patients who recovered is approximately 58.5%, these being mainly in the lower and middle age groups. The cases referred to hospital are in the middle and older age groups. Many of those in the middle age group are referred to hospital for X-ray or surgical treatment, the patients in the older age group being referred to hospital for various reasons, e.g. unsatisfactory home conditions, patient living alone, or the patient's condition requiring continuous expert nursing treatment. Maternal complications, diabetics, and a few patients in the older age group are referred to the health visitor for supervisory visits. A few patients refuse treatment—

usually injection therapy—therefore with the doctor’s approval visits are discontinued. The patients taken off for other causes are those referred to the general practitioner, works surgery, or the relatives are able to give the simple treatment.

Referring to classification of diseases it will be seen, once again, that the highest percentage of cases is respiratory and found in all age groups. Heart and circulatory cases (15.63%) show an average of 32 visits to each patient. Those patients suffering from cancer amount to 5.07%, with an average of 31 visits to each patient. Accidents in the home and on the road affect all age groups. There is a reduction in the number of accident cases nursed, but with care many of these accidents could have been avoided.

**Nursing of the Aged**

Additional statistics in respect of the nursing of those 65 years and over are given below :

				Cases nursed
Male	..	..	..	1,216
Female	..	..	..	2,162
				—
Total	..	..	..	3,378
				—
Total visits..	..	..	..	96,563

Of these patients, 294 had urinary incontinence and 189 faecal incontinence.

Assistance available					
Family	..	..	86.6%	Municipal Home Help	2.4%
Friends	..	..	4.4%	Other assistance	.. 1.3%
Neighbours	..	..	1.1%	None	.. .. 4.2%

Where nursed			Bathroom		
Bed upstairs	..	31.5%	Upstairs	..	.. 7.4%
Bed downstairs	..	24.3%	Downstairs	..	.. 46.2%
Ambulant or mobile..	..	44.2%	None	..	.. 46.4%

Hot water supply			Water closet		
Tap upstairs	..	22.3%	Internal	..	.. 33.4%
Tap downstairs	..	18.4%	External	..	.. 65.9%
Kettle	..	59.3%	Shared	..	.. .7%

These statistics reveal that 38% of the total cases nursed came into this age group and that 57% of the total visits were paid to these cases, also, 92% of the cases nursed received help from their family, friends

and neighbours. The home help gives valuable help to the aged, in particular to those patients who live alone.

The nursing staff appreciate the assistance given by the relatives and find that in many cases a close relative has cared for the patient over a long period, sometimes at the expense of her, or his, own health.

From statistics under hot water supply, bathroom, and water closet, it is apparent that many of the old people live in the older type of dwelling. A few prefer to live in these dwellings chiefly because the house and area are familiar. They know their neighbours from whom they receive help and companionship. Nevertheless, it is often difficult to give adequate nursing treatment because of lack of amenities, especially when the patient is incontinent, and constant washing of bed linen is necessary. Due to these inconveniences it has been advisable to refer some of these patients to hospital.

### Nursing of Children

Statistics in relation to children are given below :

Cases nursed :					1956	1957
Male	..	..	..	..	735	656
Female	..	..	..	..	449	362
					<hr/>	<hr/>
					1,184	1,018
					<hr/>	<hr/>
Visits paid	..	..	..	..	8,074	6,691

The statistics reveal a considerable decrease. This is possibly due to several factors including pre-natal and post-natal health teaching of the mother, immunisation of the children, improved housing and schools. The types of illness nursed include bronchitis, tonsillitis, disease of the ear, post-operative dressings and other minor diseases.

### Nursing Appliances

Nursing appliances loaned free of charge totalled 1,400. In addition, rubber foam mattresses and air beds were loaned to necessitous cases on the recommendation of the nurse in charge of the case.

Additional appliances were purchased, consisting of nine bed lifts and one Guthrie Smith bed chair. The bed lifts are successfully used by one person for lifting heavy patients in bed, thus relieving the nurse in some instances of making extra visits to this type of patient. The bed chair is used for lifting out of bed, with little disturbance, very heavy and ill patients. There is a foot adjustment whereby the patient can be

encouraged to do foot and leg exercises as an aid to rehabilitation. The usefulness of this appliance is apparent, and it is hoped to buy two more next year so that more patients will benefit.

In supplying bedding, mattresses, beds, clothing, nourishment, monetary grants and convalescence, the Leicester Aid-in-Sickness Fund, and the Charity Organisation Society continue to give valuable help to many necessitous patients. We are deeply grateful and our patients are appreciative of the extra amenities provided in time of need.

## **Staff**

The establishment has remained at the equivalent of 51 full-time nurses, and it is gratifying to report that it has been possible to fill, without delay, the few vacancies which have arisen. To save travelling time and to use the staff economically, the Committee agreed to pay telephone rentals and half the local calls for nine district nursing sisters living away from the centres. This arrangement is certainly beneficial to the Service.

## **Training of District Nurses**

Training of district nurses is continued at the Central Home, 96 New Walk, two courses being held with many of the lectures being combined with the Health Visitors' Training Course. During the year nine students successfully completed training, three for our own staff, two Leicestershire, two Nottinghamshire, one Northamptonshire, and one for Rutland County Council. Recruitment for district nursing training has been very poor. This is probably due to the salary paid after district training.

I take this opportunity of expressing appreciation to the lecturers including the Medical Officer of Health, members of his staff, the local hospitals, welfare department, education authority, Leicester County Nursing Association, and St. Margaret's Works for their co-operation and willing help.

## **Refresher Courses for District Nurses**

Refresher courses for district nurses are arranged by the Queen's Institute of District Nursing and the staff is encouraged to attend a course every five years. During this year four Nursing Sisters attended courses at Glasgow and Bangor Universities.

## **Co-operation within the Public Health Service**

Co-operation within the Public Health Service is essential for a comprehensive service, and is established when we work together as a team.

Overlapping is avoided when we respect each other's responsibilities as will be seen from extracts from the reports on a few cases.

*Case 1.* An elderly male patient living alone and receiving injection treatment from the home nurse for a deficiency disease caused by insufficient or the wrong type of diet. The home nurse realising that sensible buying and cooking of meals was necessary, asked for aid from the Home Help Service. A home help was sent along to cook the meals and buy food three days weekly, meals being provided on the other days, by the Meals-on-Wheels Service, and a neighbour. After a short time the patient's condition improved and treatment was discontinued. The home nurse reported the case to the health visitor who commenced supervisory visits, the home help continuing to see to his needs.

*Case 2.* The health visitor reported to the Home Nursing Service an old lady living alone in a house which was dirty, the old lady requiring some attention. Two home helps cleaned the house and the nurse concentrated on nursing the patient. After one month's treatment the patient was much improved and the nurse transferred the case back to the health visitor for supervisory visits, the home help continuing her visits to keep the house clean and to see to the old lady's comfort.

*Case 3.* A tuberculosis patient discharged from hospital to the Home Nursing Service was found to be very distressed when nurse called to give him treatment, the cause being worry about his financial commitments. Nurse immediately reported the case to the health visitor who visited and advised him how to obtain financial help and extra nourishment. When the patient realised that he could get help his psychological outlook improved and he responded well to treatment.

The home nurses are most grateful for the help and co-operation of our colleagues and know that each unit is dependent on the other if success is to be achieved.

### **Co-operation with Hospitals**

Co-operation with hospitals remains satisfactory. We are grateful for the arrangements made by the Matron and medical and nursing staff of the Leicester Royal Infirmary for the Home Nursing staff to visit the Children's Wards two mornings weekly, where clinical experience in modern treatment, and the nursing treatment of children is available. These visits are valuable and the opportunity for this post-graduate experience in children's nursing is deeply appreciated.

Sixty-one nursing students from the Leicester Royal Infirmary visited with the Home Nursing staff, this being followed by a discussion

session at the hospital which the Senior and Home Superintendent attended on two occasions. Also, the Senior Superintendent attended the 'Trained Nurses' Study Day and gave a talk on the co-operation between the hospital and Home Nursing Service. A lecture on the work of the Home Nursing Service was given to the students at the General Hospital, also, the Senior Superintendent has been appointed to serve on the Hospital Nurse Education Committee at this hospital.

The hospitals and Chest Clinic referred 22.9% of the total cases for home nursing, many of these being post-operative and short-term cases of all age groups. These include patients referred from the Out-patients' Department for pre X-ray treatment. The nurses pay evening and early morning visits prior to X-ray thus saving the necessity for admission to hospital of this type of case.

### **Transport**

The Committee is mindful of the transport difficulties and readily accept recommendations for improvement, and this year three new B.S.A. Dandy scooters were purchased. If these are found suitable, more will be added to the fleet of vehicles already provided by the Authority. The Dandy scooter gives improved protection in the bad weather, and is much safer to ride than the motor-assisted cycle.

With the introduction of the Council's car purchasing scheme it is now possible for members of the nursing staff to purchase a car on deferred payment, and after being granted a casual user's car allowance, several of the staff have taken advantage of this scheme, the result being a considerable improvement in the transport.

Transport meetings were held at the office quarterly and the Deputy Medical Officer of Health, Chief Ambulance Officer, and six nurse representatives attended to discuss problems. These meetings have proved very helpful.

In reviewing the year's work, the demands on the service have been met and co-operation with others maintained, resulting in an interesting and satisfying year of work.

## **CARE AND AFTER-CARE, INCLUDING HEALTH EDUCATION**

### **Sherwood Village Settlement**

Of the three Leicester settlers mentioned in my reports for 1954, 1955 and 1956, two (J.T.H. and C.A.T.) remained in Sherwood Village during 1957, and the other settler (L.S.C.) discharged himself in July, 1957.

### **Papworth Village Settlement**

The case (P.E.) admitted from Leicester in February, 1956, remained at Papworth Village during 1957.

### **Assistance to cases of Tuberculosis**

The scheme for the provision of beds and bedding to necessitous cases of tuberculosis was continued and 50 such cases were helped during the year ; of these 10 were new cases.

Free milk was supplied to 212 cases, of which 85 were new cases.

### **Convalescence**

Recuperative holidays were arranged throughout the year for convalescent patients who were not in benefit with the Leicester and County Convalescent Homes Society or a similar body.

Of the 136 patients for whom recuperative holidays were arranged, 48 were elderly people receiving the Retirement Pension, and 13 were tuberculous patients who were sent to Spero Holiday Homes under the scheme organised by the National Association for the Prevention of Tuberculosis.

Nine mothers, accompanied by their babies or toddlers, were sent for a fortnight's recuperative holiday at a Mother and Baby Home, where, in addition to the benefit gained from rest and change of air, they also received a certain amount of training in mothercraft.

The following table gives details of the number of patients for whom recuperative holidays have been arranged during 1957 :

Number of applications	Sent to				Not sent to Convalescent Home
	Charnwood Forest	Roecliffe Manor	Hunstanton	Other Homes	
186 (155)	28 (44)	2 (2)	61 (76)	45 (13) (+ 13 babies or toddlers accompanying their mothers)	50 as follows : Refused to pay assessment .. 17 (4) Dealt with by Convalescent Homes Society 3 (3) Other reasons : Private arrangements, illness, etc. .. .. 30 (13)

Note : 1956 figures in brackets

## HEALTH EDUCATION

(Mr. E. W. HARRIS, Health Education Assistant)

I have pleasure in submitting my fifth Annual Report as Health Education Assistant, covering my work for the year ended 31st December, 1957.

The report includes detailed reports of five exhibitions, two of a major character arranged by the Department, and three others at which the Department took a share on invitation from outside organisers.

It is gratifying to note the continued demand on the Lecture and Films Service for our attendance at evening meetings of various organisations. Apologies are sometimes offered for the poor attendances at some of these meetings, and the attraction of television would seem to be the main cause of this. If this is correct, some small consolation may be taken from the fact that advertising flashes on the commercial station now include those of Road Safety, Home Safety and the dangers of the spread of infection by careless coughing and sneezing. Occasionally the actual programmes are on some aspect dealing with Health Education.

### Film Service

During the year I attended 134 meetings at which films were shown on various health subjects. The organisations are classified as follow :

	Number of meetings	Number present
Young Wives' Guilds ..	.. 16	509
Student Nursery Nurses ..	.. 14	371
In-Service Training ..	.. 16	436

<b>Meetings, etc.—<i>continued</i></b>		<b>Number of meetings</b>	<b>Number present</b>
Hospital (Students)	.. ..	12	314
Youth Groups	.. ..	10	357
Schools	.. ..	9	840
Schools (Dental Hygiene)	.. ..	9	2,667
Townswomen's Guilds	.. ..	6	403
Parent/Teacher Associations	.. ..	6	685
Training Colleges (Teachers)	.. ..	5	415
Food Manufacturers	.. ..	2	107
Evergreen Clubs	.. ..	2	111
Red Cross	.. ..	2	58
Other Organisations	.. ..	25	638
		<hr/> 134 <hr/>	<hr/> 7,911 <hr/>

In addition to the above, 49 clinics were visited and films dealing with subjects on the care of children were shown to a total of 1,050 mothers.

The In-Service Training Courses were those attended by student health visitors, home helps, and other sections of the Department. The visits to schools (Dental Hygiene) were to show films on "Care of the Teeth" as a follow-up to the dental inspection, and as a support to the talks given by Miss Chamberlain (School Dental Hygienist).

As in previous years the films shown to support our exhibition at the Abbey Park Show proved an excellent attraction. The main film repeatedly shown was that made by the Gas Council called "Guilty Chimneys" and is a very useful film on the subject of atmospheric pollution. The film was used many times during the year by Mr. Hiller to support his talks on "Clean Air".

### **Lecture Service**

Thirty-six talks were given to an approximate total of 1,100 people on the subject "The Work of the City Health Department", and the City Health Department film was used to support the talk.

Many talks were also given during the year by Medical Officers of the Department, members of the Home Help, Health Visiting, District Nursing, Public Health Inspection, Mental Health, City Analyst's and Ambulance Services. Whenever possible these talks were supported with some kind of visual aid, e.g. films, filmstrips, slides, flannelgraphs, sound filmstrips, etc.

### **Publicity**

The bus cards continue to be one of the best forms of putting over propaganda to the public. The subject matter is changed every

fortnight, and I continually receive indications at meetings attended of how widely they are read.

Copies of the Health Services Booklet have been distributed when desirable and preparations were in hand during November and December for the printing of the new edition. It is hoped that this will be available for distribution in the first months of the new year.

The booklet "Better Health" has been circulated monthly to factories, schools, training colleges, general practitioners, dentists, etc., and would seem to be generally appreciated.

A booklet on "The Work of the Health Visitor" was printed and distributed to medical practitioners and other members of the Health Services in the hope that it would be of assistance in advising them when the services of the Health Visitor could be called upon.

Schools and factories have been invited to make applications for posters, leaflets, etc., and personal visits have been made to make fuller contact with head teachers of schools, and personnel and welfare officers of factories.

Visits have been made to the Teachers' Training College and Domestic Science College to give talks on "The Work of the City Health Department", and many students have visited my office to collect posters, leaflets, etc.

A party of students from the Teachers' Training College visited the Department and, receiving a talk on my work, were shown publicity material and apparatus used to assist in Health Education work.

The City Health Department film has been loaned on four occasions to other local health authorities who are contemplating making films of their own Services.

## **Exhibitions**

### *Mental Health Exhibition*

This exhibition was held at the Leicester Museum from the 15th to 25th January, and was designed to bring before the public the modern approach to psychiatric illness.

The exhibition was arranged by a joint committee of the local Mental Hospital Management Committee, local health authorities and Regional Officers of Government Departments.

Our section showing the local health authorities' responsibility for dealing with the mentally ill patient was designed by members of the

County Authority and this Department, with the help of the Museum staff.

Photographs and pictures showed the work of the various sections of the Department in dealing with the domiciliary patient. Other photographs showed the pupils at the Emily Fortey School and Occupation Centres undergoing training. Various samples of the work done by the pupils were on show.

Details were given of the number and type of cases dealt with by the City and County Authorities, and a map showed where the various Occupation Centres were situated.

The exhibition was open from 10 a.m. to 9 p.m. during each day, and was well attended by the general public, parties of students from hospitals and schoolchildren.

The Ministry and Hospital Authorities were very satisfied with the exhibition and the interest shown.

#### *"Birth of a Baby" Exhibition*

Following the invitation of Mr. East, Manager of the Floral Hall Cinema, a display showing the work of the Maternity and Child Welfare Department, was arranged in the foyer of the cinema during the showing of the film "Birth of a Baby" from 11th to 16th February.

Midwives and health visitors were in attendance to answer questions, and leaflets on appropriate subjects were available. Due to public demand the film was retained for a further week.

#### *Clean Food Week*

With the co-operation of members of the Clean Food Guild and Mr. Hiller (Chief Public Health Inspector) and under the chairmanship of Alderman Jackson, the Leicester Clean Food Week was held from the 25th to 30th March. The object of this week was to raise further the standard of food hygiene in Leicester, both in food premises and in the home.

Competitions were held for :

The best kept shop

The best kept market stall

The best shop window display

and children were invited to submit a telegram of not more than fifty words on "Why I like a Clean Food Shop".

An exhibition was held at Messrs. Whitby's showrooms, Charles Street. On the ground floor, and visible through the two windows, were replicas of a clean and a dirty shop. Assistance in the preparation of these, and loan of the foodstuffs therein, were provided by members of the Clean Food Guild. We are most grateful to Messrs. Whitby.

In the basement other exhibits were used to show how food is contaminated, the handling of food, pest control and the aims of the Clean Food Guild. My thanks are given to Mr. Mead and Mr. Hall of the Ministry of Food, Agriculture and Fisheries, and to Miss Wood, Mr. Beresford and other members of the Public Health Inspection staff for their assistance in the preparation of this exhibition.

Publicity for the week was given on the radio in the programme "What's on", by large posters which were placed in various parts of the city, small posters which were forwarded to the factories, libraries, etc., and by the Press.

Lord Strang, Chairman of the Food Hygiene Advisory Council, visited Leicester on Monday, the 25th March, to fulfil the following programme :

- |            |   |
|------------|---|
| 10 a.m.    | Meet the Lord Mayor                         |
| 10.30 a.m. | Visit to Messrs. Walker's factory           |
|            | Visit to Messrs. Howes' canteen             |
| 12 noon    | Open reconstructed fish market              |
| 12.20 p.m. | Inspect Meat Transporter's vehicle          |
| 12.45 p.m. | Lunch at Lord Mayor's Rooms                 |
| 2.30 p.m.  | Perform opening ceremony of Clean Food Week |
| 3.30 p.m.  | Visit to Clean Food Exhibition              |

The A.T.V. news cameramen arrived too late to take the actual opening ceremony, but several shots were taken of the "Shops" and exhibits, and a sequence was shown on the A.T.V. Midland News at 6 p.m. on the 26th March.

It was felt that this campaign had served a useful purpose and Lord Strang in his speech at the opening of the Week referred to "This excellent approach to the problem of clean food". Lord Strang seemed to be quite impressed also with the exhibition.

The prizewinners of the various competitions visited the Town Hall on the 15th April to receive their awards from the Lord Mayor, Alderman A. Halkyard.

*Abbey Park Show, 1957*

The subject at this Show was "Smoke Abatement", the title being "It's in the Air". The exhibition was in five sections:

- (1) The cost to the country from damage caused by atmospheric pollution, and included the many ways in which damage can be caused to buildings, crops and the health of the community, etc. (A special section dealt with the damage caused to the Leicester Cathedral.)
- (2) Apparatus for measuring atmospheric pollution.
- (3) Various preventive measures. Map and description of the proposed control area in Leicester.
- (4) Gas Department exhibit.
- (5) Electricity Department exhibit.

The Solid Smokeless Fuel Federation provided a mobile exhibition demonstrating the burning of smokeless fuels, and showed samples of the various types of smokeless fuels obtainable.

A continuous programme of films was shown, the main one being the Gas Council film "Guilty Chimneys". This was shown 18 times during the two days. The film shows proved the usual attraction and helped to bring the public over to the main exhibition tent through which passed a continuous stream of people.

It was the general opinion of members of the Department that this was one of our most successful exhibitions. I am grateful for the co-operation and assistance given by Mr. Hiller and his staff in the preparation and manning of the exhibition.

It is hoped that a similar exhibition on a larger scale will be held in the autumn of 1958 and the Leicester Museum has been suggested as a suitable place.

*Exhibition—Edward Wood Hall*

At an All-day Rally of the Mothers' Union and Young Wives' Groups (Leicester Diocese) held on the 25th October, the Department, by invitation, showed in pictorial form the services available for the mother, and mother-to-be, namely—Domiciliary Midwifery, Health Visiting, Home Help and Day Nursery services.

The display claimed a considerable amount of attention and members of the four services were available to answer any questions.

Following the exhibition several individual Groups made application for speakers and films at their own meetings.

### Staff Meetings

The following subjects were dealt with at the quarterly meetings of staff from all sections of the Department :

19th March at the Emily Fortey School.

Subject : "Occupation of the Handicapped Child"

Speakers : Dr. G. Randall, Senior School Medical Officer  
Mr. S. A. Goodacre, Chief Mental Health Officer  
Mrs. M. V. Taylor, Supervisor, Emily Fortey School  
Miss A. Sykes, Health Visitor  
Dr. A. I. Ross, Deputy Medical Officer of Health

18th June at the Lord Mayor's Rooms, Hastings Street

Subject : "The Child and Employment"

Speakers : Mr. W. Peters, Chief School Attendance Officer  
Dr. A. Brummitt, School Medical Officer  
Miss O. Sampson, Head of School Psychological Service  
Miss K. Lloyd, Youth Employment Officer

10th September at the Lord Mayor's Rooms.

Subject : "Immunisation"

Speaker : Dr. E. K. Macdonald

Films shown : "Poliomyelitis Vaccine" and "B.C.G."

12th November at Emily Fortey School.

Subject : "The Handicapped Child"

(This was a repeat of the meeting held in March)

3rd and 10th December at the Ambulance Station.

Subject : "The Work of the Ambulance Service"

Speakers : Mr. J. E. Oswell, Chief Ambulance Officer  
Mr. G. Mawdesley, Wireless Control Officer  
Mr. J. M. McCafferty, Driver/Attendant  
Miss P. Randall, Female Attendant

After the talks members of the staff were shown around the station.

These meetings were all extremely well attended which would alone seem to indicate that they are well worth while.

## **National Industrial Safety Week, 30th September—5th October**

The local Association for the Prevention of Accidents in Industry took as their theme this year "Guard your Hands". I was able to assist the Committee on methods of publicity and provided some materials which were used in small exhibitions during the week.

Films on accident prevention were shown at a meeting of apprentices at the Co-operative Hall.

## **Health Education Advisory Committees**

The periodical meeting of the above Committees has proved of considerable value in providing assistance in the planning of the Exhibitions and other projects on Health Education during the year.

## **Lung Cancer—Smoking**

In June of this year the Ministry of Health circularised all local authorities with copies of the special report of the Medical Research Council on the connection between the increased mortality from lung cancer and heavy cigarette smoking and asked that every effort should be made to inform the general public of the facts.

Considerable prominence was given to the subject in both local and national newspapers and also on television, and after discussion within the Department it was thought that most good would be done by tackling the subject from the teenager's angle, particularly the school-leaver. Posters and leaflets were obtained from the Central Council for Health Education and distributed wherever possible in the Youth Organisations.

## **Central Council for Health Education—Summer School**

I was honoured during the year to be invited by the Council to tutor the Film Group at the Summer School in August.

I attended the Course during my annual leave, and in the period of the School (ten days) a script was written on "Obesity", film was shot, processed, and shown on the last day of the School.

Members of the Group were doctors, health visitors, teachers, public health inspectors, etc. from all parts of the world. I am deeply grateful to the Central Council for allowing me the opportunity of this experience.

The usual opportunities were found for personal discussion with other workers in the field of health education.

## HOME HELP SERVICE

### COMMENT BY MEDICAL OFFICER OF HEALTH

The report on the work of this Service during 1957 which follows this opening comment was written by Miss F. E. Pole, who commenced her duties as Home Help Organiser in charge of the Service on 3rd February, 1958. Miss Pole, therefore, was not in the Service during any part of the year 1957, now under review. But as both the Organiser, Mrs. Steed, and her deputy, Mrs. Ackers, had left the Service at the end of December, 1957, and January, 1958, respectively, the duty of writing the report for 1957 fell on Miss Pole. I am most grateful to her for the very efficient way in which she has written the report for 1957 and also for the excellent manner in which she has undertaken her new duties. I am sure that in Miss Pole we have an officer who will carry on the Service in an entirely satisfactory and successful manner.

It was a great pity that Mrs. Steed felt she had to leave the Service—she had been with us since 1948 and is to be thanked for the work she did in building up such a great Service. Her deputy, Mrs. Ackers, had been with us since 1955 and I also thank her for her co-operation with Mrs. Steed and for the part she played in developing a Service of which we could be proud.

I welcome Mrs. Chapman, one of the Assistant Organisers, who was promoted to replace Mrs. Ackers as Deputy, and Miss Doughty, who was appointed to fill the vacancy thus caused. I hope they will have many happy years of service with us.

Apart from the institution of a waiting list, which was in operation towards the end of 1957, but which early in 1958 was able to be eliminated, the Service in 1957 carried on its excellent work much as in previous years.

#### Organisation of the Service

The over-riding pre-occupation during the year has been to meet the ever-growing demand on the Service with the existing number of home helps, and this has precluded any important development in the organisation. This does not mean that the organisation has been static; on the contrary the need to meet demand as far as it is possible within the limitations set by the need for economy, makes a flexible method of dealing with applications for help of paramount importance.

This was amply illustrated when an increased demand during the last three months of the year, coupled with a higher volume of sickness

amongst the home helps themselves, forced the Service for the first time in its history, to institute a waiting list for help. The skill of the organising staff and the loyalty of the home helps kept this list to a minimum, but it was a great disappointment to all the staff that they were unable for a short period to send help immediately to cover cases of urgent need.

It was necessary to inform local practitioners and hospital almoners that we could not guarantee to send immediate help to patients or old people, and we were grateful for their co-operation and understanding.

A good deal of tact was required to explain to old people why it was necessary to adjust the amount of help they had been receiving, so that help could be given to urgent new cases.

It must be emphasised that the present demand on the Service, without an increase in the number of home helps, makes the existence of a waiting list possible at any time, and precludes any expansion of our work.

In order to combat a possible high sick list, and to minimise the risk of infection from householders, anti-flu vaccine was offered to home helps during the Asian 'flu epidemic in October. 158 home helps took advantage of this offer, and this precautionary treatment, together with their loyalty to the Department, made it possible to maintain the Service without serious breakdown during the period of the epidemic.

The number of home helps on the pay roll at 31st December, 1957, was 228 whole-time and eight part-time, compared with 225 at the end of 1956. The total number of homes helped was 2,969, compared with 4,697.

### **Training of Home Helps**

Three Preparation Courses of six weeks each were held during the year under the supervision of the Deputy Organiser in collaboration with the Education Department.

This course is the foundation of the Service and its results are shown in the approach to their work by the home helps. It prepares them for the many difficulties and frustrations they may encounter and sets before them positive goals of satisfaction in service to their fellows, as well as giving them the practical training necessary for the many jobs that will fall to their lot in their day to day work.

During the year a specially selected group of home helps attended a course of lectures in Psychology, organised in conjunction with the Workers' Educational Association, at Regent Road, with Miss M.

Stuart, Children’s Officer, as the lecturer. The fact that it was for our staff only, and the lecturer had intimate knowledge of many of their problems, gave this group an opportunity to discuss particular problems in detail and obtain a deeper understanding of the causes underlying any unusual behaviour of their householders.

A refresher course for the home helps who work for mothers during their confinements, and who help in sudden emergencies, was organised during the year.

Talks were also given by the Craft Instructors of the Welfare Department to home helps who work with old people and the crippled, and Mrs. Estrid Dane, who has a clinic in London and Denmark, gave an illustrated lecture on “The Treatment of Spastics”.

Our thanks are due to Miss Wilson, Miss Ash and Mrs. Watt of the Education Department, Miss M. Stuart, Children’s Department, Mr. P. Brodestky, Tutor-Organiser of the Workers’ Educational Association, the Staff of the Welfare Department, also to Mrs. Lewis, Miss Ratcliffe, Miss Carter and Mr. Harris of the City Health Department for their help with lectures.

### Other Activities

Two home helps attended the International Conference of Home Helps held in Oslo during the year. They brought back interesting reports of the development of this type of service in other European countries.

The Greensleeves Club of the Home Help Service organised study circles for its members in the evenings and was active in arranging parties for old people, pantomime outings for children in our care and carol singing groups at Christmas.

### The Work of the Service during 1957

The following figures show the demands on the Service which were met during 1957 in the different categories of assistance required in the home covered by Section 29 of the National Health Service Act :

<i>Category</i>				<i>No. of Homes covered</i>
(1) Maternity	..	..	..	618
(2) Child Welfare	..	..	..	247
(3) Tuberculosis	..	..	..	61
(4) Long-term sickness (including aged and infirm)	..	..	..	1,259
(5) Short-term sickness	..	..	..	784
Total				2,969

## Emergency Service

In order to cover emergency demands on the Service, the city is covered by two groups of Home Helps on a geographical basis. The original intention when these groups were first formed was to provide an immediate service to general practitioners, hospital almoners, social agencies of all kinds, health visitors, midwives, home nurses and any member of the public who needed the services of a home help, but during the latter part of this year the aspect of the emergency changed considerably.

During the year it became obvious that the home helps were being taxed to extremes : outside agencies were asking if more help could be given to the existing cases and it was found impossible to maintain the usual standard of work with the present number of home helps and still function as an emergency service.

In October a decision was made that the home helps within the emergency groups would cover booked confinements only and would then give priority to requests for help from the other groups within the Service before accepting new cases. It was with extreme regret that a waiting list of clients asking for help was set up. Home helps in the groups and assistant organisers realised the necessity of dealing with this list promptly and efficiently. They worked together to provide the relief needed by their colleagues and then concentrated on reducing this list to an absolute minimum.

For the home help covering booked maternity cases the work is much the same as in previous years. As usual the groups have endeavoured to see that all expectant mothers could relax and have their babies in the knowledge that the general routine of running the home and caring for the family was going on much as it would if mother was not confined to bed. Indeed, as one mother wrote following her confinement, "I was able to leave everything completely to her and feel absolutely relaxed and this I feel sure has enabled me to make such a speedy recovery".

Once again many requests for help have been received in connection with old people found in a very neglected state. A home help has been asked for in the hope of preventing such people being compulsorily removed into hospital. Home helps from the groups have been asked to investigate in these homes and often after much difficulty, managed to gain entrance. Eventually they have gained the old person's confidence sufficiently to be allowed to give the attention and help needed so that the old person can remain at home.

On one occasion a request for help such as this was received :

After gaining entrance through the kitchen window an old lady was

found in a bed huddled under some old coats. She was suffering from malnutrition and general neglect. She was ill and at first rather frightened of the stranger but soon responded to the quiet reassuring manner that the home help showed towards her.

The house was in a deplorable state of neglect, several cats roamed about at will and one lay dead in the fireplace. Food was non-existent but the home help soon fetched soup and served it in a red glass vase which was the only receptacle available.

After much consideration the old lady was persuaded to go into hospital temporarily whilst the home was cleared and made habitable again. Furniture, bedding and household utensils were obtained and, when all was ready, arrangements were made for the old lady to return home. The home help had prepared a fire and was there to welcome her. When the home help reported into the office the following day her remark was, "I have had my reward for all the hard work I have put into this case from the look of gratitude and happiness on the old lady's face when she came into her home".

When cases like this have been initially cleared up, they are passed to the groups covering long-term help and the home help charged with looking after the householder will help to guard against any recurrence of the state of neglect.

**“Problem Family” Group**

During the year a group of 26 home helps, specially selected and trained for this work, gave practical help and social care to 88 families who were a problem to the community. Of these families, 15 were new cases referred during the year.

The new cases were referred to the service from the following sources :

Children’s Department	..	5
Probation Officer	.. ..	2
Director of Education	.. ..	1
Chief Constable	.. ..	1
County Medical Officer, Lincoln..		1
Psychiatric Social Worker	..	1
General Practitioner	.. ..	1
Health Visitor	.. ..	2
N.S.P.C.C.	.. ..	1
		—
		15
		—

The ultimate object of our work with these families is to establish them as independent units in the community in which they live, to give

them acceptable standards and to help them to enlarge their ability to cope with their own problems.

While the whole group of problem or incipient problem families reveals a general pattern of behaviour symptoms such as bad debts, ill-kept homes, lack of security in the children leading to unruliness at home, poor attendance at school, fathers who frequently change employment or show no interest in their family, mothers who are apathetic and disinterested in home and children, within the whole are sub-groups where certain characteristics predominate that can be more clearly defined as emotional immaturity, mental sickness, mental retardation, ill-health and instability through frequent childbirth, or historical environmental background of the parents themselves. The neighbourhood in which the family lives appears by itself to have no correlation with the problems or any particular kind of problem. On the other hand, social pressures of the community and a multiplicity of official visitors are at times confusing to those who are receiving help. Social pressures from the immediate neighbourhood will also, to some extent, influence the individual's behaviour within the family unit and the community. Breaking down the influence and attraction of "a gossip in the house next door", where also there may well be undesirable behaviour and encouragement to resist change, is no small part of the difficult task with which the home help is faced before confidence can be won and rehabilitation towards an acceptable social pattern begin. At the same time extreme behaviour problems of a particular family may stir a neighbourhood to criticism and an aggressive attitude that aggravates the situation even further by making the family feel more unwanted and hopeless than they would do otherwise. Nevertheless, whilst there may be gross defects in such family life there is still a predominance of positive values that can be preserved.

To do this it is necessary to ascertain and understand all the factors which have caused a family to be a "problem" family, and the motives actuating sub-normal behaviour. It is not sufficient to go into a home and treat the symptoms. A home help must become accepted by the family and try to reach the inner causes. In addition to practical help in cleaning, caring for the children and budgeting, the home help must exercise her skills in social welfare and in all her work she must be uncritical and objective if any measure of progress is to be made.

On the basis of such an approach to the family, practical, supportive help and guidance has been given to meet the needs of the families cared for by our Service during the year.

Whilst each family presents many features peculiar to itself, our work

with them confirms that they fall into the three main groups set out in last year's report.

- (i) Families where the causal factor is the mentally sick mother, frequently aggravated by repeated pregnancies which add physical weakness to her mental sickness. As her family increases, her ill-health, emotional and mental handicaps become more obvious.
- (ii) Families disturbed by deep-seated marital troubles which produce tensions leading to one or both parents shirking their responsibilities to their children, and create behaviour problems in the children.
- (iii) Families where the parents are young and the children numerous, where the mother lacks training in housecraft and home making.

Nine families in the first group received help during the year and may continue to do so until the children are able to care for themselves. In one family the mother's mental state became so acute that the children were taken into care. 13 others continued and may continue to need guidance with possible intensive periods of help.

In the second group five cases received periods of intensive practical help during the year. One case, where the mother ran away two days before the father was discharged from prison leaving the children in bed, received and is receiving full-time help, the home help having full charge of the family. The father obtained regular work and the children are making excellent progress. Nine other families were maintaining reasonable standards with occasional supportive help.

In the third group 48 families received periods of practical help and guidance in child care and homecraft during the year, ranging from full-time help, help during and after confinements, daily, weekly or friendly supportive visits.

Amongst the third group one case was helped in a manner unique in this kind of work. The mother was in the casual ward at Market Bosworth Infirmary, the father was a vagrant and associating with another woman, and the five children were in the care of the Children's Department. There were considerable debts outstanding. Prior to this break-up of the family they had been living in appalling conditions and were facing an eviction order.

The Housing Department found them accommodation and the family were brought together again. Voluntary organisations provided

furniture, pots, pans and clothing for the children. Their own effects were so small that they were put in a pram and taken to their new home.

A home help was sent in, firstly to prepare the new home and then to give intensive practical help and guidance to the family. This help continued for six months during which time many of the underlying problems affecting the stability of the father were disclosed. It was learned he was suffering from epilepsy and heart trouble. This fact was recognised and he became registered as a disabled person. Suitable employment was found for him ; he is giving every satisfaction and is still employed in the same job. It seems clear that the recognition of his disability has given him a sense of security and support he was lacking in the past. The fact that the family has been given the chance to live in a house of their own, and of proving their ability to look after it, has been a powerful incentive towards establishing themselves as a happy family unit. Debts are being cleared and general standards much improved.

The home help working with the family gives good reports of their co-operation and speaks highly of the happy family relationship. The children are well behaved and there is a strong bond of affection between them and their parents. The mother is somewhat limited in her understanding of home management and it will be necessary to give supportive help for some considerable time.

Their present home is in an area due for clearance, and the Housing Department has agreed that when they are re-housed, it will be in an area with similarities to the present one so that the established pattern is not too disturbed.

The outstanding feature of this case is the co-operation of a number of authorities, statutory and voluntary, who worked so hard to give the family the opportunity to raise themselves from the despair and apathy in which they were found. It is clear that had this not happened the family would have been permanently broken up. Today, it is a happy and united unit of society.

Outside these three main groups, three difficult old people with particular problems have been cared for during the year.

A number of these families have received help free of charge under the decision of the Committee to employ the working time of six home helps without assessment or charge, in certain "problem" families. By these means we were able to give the practical and social care needed to prevent the break-up of twenty families. This care could not have been provided, or would probably have been withdrawn before any

improvement could have been seen, if the families had been liable for the normal assessment and a charge for the service been rendered. In most of them any discussion of payment would have defeated the effort to secure friendly relationships with them which is the basis of our help and any charge would only have added to the accumulation of debts which is an important factor of their "problem".

### **Infectious Diseases Group**

The special interest in the work of this group has been maintained on the same lines as in the previous year. But the number of home helps working in homes where there was illness of an infectious kind has been reduced, mainly due to the lower incidence of tuberculous patients needing home care. This is a reflection of the general decrease of tuberculous cases in the city.

As the majority of long-term patients suffered from tuberculosis, the emphasis on their care was directed towards their rehabilitation and we have been pleased to see a number of them resume part-time employment. In several cases the home helps gave full-time help to families where the mother suffered from tuberculosis and had to have short periods of hospital treatment. The home helps maintained contact between the mother and her family by visits to the hospital and also looked after the children, thus preventing a disruption of ordinary home life for them. This has a very positive effect on the mother's recovery, as her worries were greatly relieved.

Regular discussion groups were held with home helps and organiser to solve some of the social and psychological problems which tuberculosis brings to the homes. These have been very useful too as training for new home helps who have volunteered to join the group.

Patients were encouraged to take up occupational therapy and home helps made efforts on their behalf to obtain materials for them. A Christmas party and summer outing was also arranged by the group for patients' children.

Excellent co-operation has been maintained with the almoner and staff of the Chest Clinic.

Group meetings of home helps where they can discuss their work with their organisers, continued to play a valuable part in the maintenance of a high degree of social understanding and objectivity.

## VENEREAL DISEASE

I am indebted to the Physician in charge of the Treatment Centre for the following table of cases treated, etc.

Once again, not one single case of primary or secondary syphilis came to light during the year.

**Incidence of Venereal Disease and Allied Conditions in 1957**  
(1956 figures are in brackets)

IN	Syphilis		Gonorrhoea		Other		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
Number of cases under treatment or observation, 1st January, 1957	102 (114)	135 (155)	33 (19)	11 (6)	17 (21)	6 (6)	152 (154)	152 (167)	304 (321)
New patients during 1957 including inward transfers and returned cases .. ..	28 (26)	38 (24)	90 (142)	44 (42)	417 (472)	242 (265)	535 (640)	324 (331)	859 (971)
Totals .. ..	130 (140)	173 (179)	123 (161)	55 (48)	434 (493)	248 (271)	687 (794)	476 (498)	1,163 (1,292)
<b>OUT</b>									
Number discharged cured or needing no treatment .. ..	23 (31)	31 (32)	76 (105)	31 (34)	396 (451)	229 (255)	495 (587)	291 (321)	786 (908)
Defaulted .. ..	3 (2)	8 (8)	8 (9)	5 (2)	18 (20)	8 (10)	29 (31)	21 (20)	50 (51)
Transferred .. ..	3 (5)	3 (4)	10 (14)	2 (1)	6 (5)	1 (—)	19 (24)	6 (5)	25 (29)
Remaining at 31st Dec., 1957 .. ..	101 (102)	131 (135)	29 (33)	17 (11)	14 (17)	10 (6)	144 (152)	158 (152)	302 (304)
Totals .. ..	130 (140)	173 (179)	123 (161)	55 (48)	434 (493)	248 (271)	687 (794)	476 (498)	1,163 (1,292)

# **NATIONAL ASSISTANCE ACT, 1948**

## **SECTION 47**

General practitioners referred two patients, and a health visitor one patient, for consideration regarding compulsory removal to hospital. Home helps were able to deal satisfactorily with two of the patients and a district nurse with the other, so that it was not necessary for them to be admitted to hospital.

## CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The Medical Officer of Health continued to act as Co-ordinating Officer for children neglected or ill-treated in their own homes under the terms of the joint Circular of the Ministries of Health and Education and of the Home Office.

The work which the Department undertakes in this connection is very closely linked with the prevention of break-up of families dealt with in the next section of this Report.

During the year 36 cases were referred to the Medical Officer of Health under the co-ordinating arrangements—slightly more than last year when the number was 26.

The cases were reported by the following officers :

<i>Referred by</i>	<i>Total</i>
Maternity and Child Welfare .. ..	8
City Police .. ..	8
School Health Service .. ..	7
Children's Officer .. ..	6
Education Department .. ..	3
Other .. ..	3
Probation Department .. ..	1
	—
	36
	—

They were referred to the following departments, some cases being referred to more than one :

Maternity and Child Welfare Department ..	11
Home Help Department .. ..	7
Children's Department .. ..	7
School Health Service .. ..	6
Family Service Unit .. ..	6
N.S.P.C.C. .. ..	5
Health Visitor .. ..	4
Housing Department .. ..	4
Public Health Inspectors .. ..	1
National Association for Mental Health ..	1
Probation Department .. ..	1
Mental Health Department .. ..	1

<i>Action taken or final decision</i>	<i>Neglected</i>	<i>Not neglected</i>	<i>Total</i>
No action necessary .. ..	—	7	7
Children's Officer to deal ..	6	—	6
Health Visitor to supervise ..	8	—	8
Home Help Department to assist	7	2	9
Referred to Family Service Unit	5	—	5
N.S.P.C.C. to supervise ..	1	—	1
Health Visitor trying to persuade mother to send child to day nursery .. .. .	—	1	1
Housing Department to take action .. .. .	1	—	1
Moved to County .. .. .	1	—	1
Health Visitor and N.S.P.C.C. to deal .. .. .	1	—	1
Child taken into care and Mental Health Department supervi- ing mother and father ..	1	—	1
Mental Health Department to supervise .. .. .	1	—	1
Probation Department to deal..	1	—	1
	—	—	—
Totals .. .. .	33	10	43
	—	—	—

These 43 include seven referred in previous years.

Case conferences were held on 27 families, seven of which had been referred in previous years. As a result of the conferences the main responsibility for the 27 families was agreed as follows :

Home Help Department .. .. .	9
Children's Department .. .. .	6
Family Service Unit .. .. .	5
Health Visitor .. .. .	4
Housing Department .. .. .	1
Probation Department .. .. .	1
Mental Health Department ..	1
	—
	27
	—

Follow-up conferences were arranged as necessary.

Many cases are referred under the co-ordinating arrangements so that a conference can be arranged on the case, the aim being for the person who has referred the case to obtain more full information and sometimes to get the assistance of other departments.

The co-ordinating arrangements are working smoothly and I think that those engaged in the many different branches of social work in the city find them useful.

## HEALTH OF CHILDREN

### PREVENTION OF BREAK-UP OF FAMILIES

Work continued during the year on the lines of Ministry of Health Circular 27/54. The Minister of Health approved for a further year the scheme whereby a maximum of the equivalent of six home helps at any one time can be allowed without charge for families who are problem families or incipient problem families, where home helps should be provided to undertake the work of rehabilitation of the families and where this work would be hampered by any charge to be made for the service of home helps.

One important change has been made in that now the number of home helps will be an average of six over the year. This makes the arrangement more flexible, as at times fewer than the equivalent of six home helps will be required, and at others more will be necessary.

The scheme has been found most useful and undoubtedly has prevented the break-up of a number of families.

Further details are given in the report of the Home Help Organiser.

The Family Service Unit also assists with this type of family, receiving a grant from the City Council. I am indebted to the Secretary of the Unit for the following statistics of their work :

Families open at 1st January, 1957	..	16
„ opened during the year	..	17
„ re-opened during the year	..	2
		—
		35
		—
Less families closed during the year	..	1
		—
Families open at 31st December, 1957	..	34
		—

Convalescence was arranged for nine mothers with small children under the age of four years, the children accompanying the mothers. The total number of children sent under these arrangements was 13.

At the end of last year it was agreed with the Housing Manager that families threatened with eviction for arrears of rent would be referred so that conferences could be arranged and an attempt made by the many agencies concerned to sort out their affairs and prevent eviction.

## BLIND PERSONS

I am indebted to Mr. K. J. Powell, Director of Welfare Services, for the information included in this Section.

### Classification according to age (at Date of Registration) of Partially Sighted Persons Registered in 1957

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 +	Totals
<b>Cataract :</b>																
Male ..	-	-	-	-	-	-	-	1	-	-	1	2	-	-	2	6
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	2	-	5	7
<b>Glaucoma :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
<b>Retrolental Fibroplasia :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Others :</b>																
Male ..	-	-	-	-	-	-	-	-	1	-	-	-	-	1	3	5
Female ..	-	-	-	-	-	-	1	-	1	-	-	1	-	1	4	8
<b>*Totals</b>	-	-	-	-	-	-	1	1	2	-	1	4	2	2	16	29

\*These figures include 4 persons transferred from the Blind Register

### Classification according to age (at Date of Registration) of Blind Persons Registered in 1957

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 +	Totals
<b>Cataract :</b>																
Male ..	-	-	-	-	-	1	-	-	-	-	-	-	-	1	10	12
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	3	18	21
<b>Glaucoma :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	4
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3
<b>Retrolental Fibroplasia :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Others :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	5	2	2	12	21
Female ..	-	-	-	-	-	-	-	-	-	2	-	-	-	3	33	38
<b>*Totals</b>	-	-	-	-	-	1	-	-	-	2	-	5	2	10	79	99

\*These figures include 13 persons transferred from the Partially Sighted Register

### Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para. 7(c) of Form B.D.8 recommends :	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	17	5	—	55
(b) Treatment (medical, surgical or optical) ..	25	2	—	7
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment .. ..	7	2	—	4

Included in the 77 cases shown in the table for which no treatment was recommended are 29 cases in which continued hospital supervision was advised.

In a further eight cases originally recommended for treatment, this was later found to be impossible as the patient was unwilling.

## HOUSING

### New Housing

During the last five years the following houses have been built in Leicester :

	1953	1954	1955	1956	1957	Total
By Housing Committee ..	1,343	1,530	1,205	1,415	1,277	6,770
By private builders ..	341	629	534	426	384	2,314
Totals .. ..	1,684	2,159	1,739	1,841	1,661	9,084

The 1,277 Corporation houses built in 1957 were on the following estates :

New Parks .. ..	28
Thurnby Lodge (City) ..	46
„ „ (County) ..	516
Stocking Farm .. ..	16
Eyres Monsell (City) ..	85
„ „ (County) ..	25
Braunstone Frith .. ..	5
Mowmacre Hill .. ..	32
Nether Hall (County) ..	113
Braunstone .. ..	87
Park .. ..	24
	<hr/> 1,277 <hr/>

The total number of houses built by the Corporation since the war, i.e. from 1946 to the end of 1957, was the excellent figure of 11,904.

### Slum Clearance

In 1957, as in previous years, considerable progress in clearing the city of its slums has been made.

Thirty-three areas were represented during the year as follow :

Area No.	Name	C.O. or C.P.O.	Number of houses	Other buildings
146	Mowbray Street ..	C.O.	60	—
147	Jarrom Street ..	C.P.O.	68	3
148	Basil Terrace ..	C.O.	3	—

Area No.	Name	C.O. or C.P.O.	Number of houses	Other buildings
149	Albert Street	.. C.O.	79	—
150	Middle Street	.. C.P.O.	227	7
151	Mill Lane..	.. C.P.O.	2	—
152	Brudenell Street	.. C.O.	8	—
153	Gray Street, No. 1	.. C.O.	4	—
154	Gray Street, No. 2	.. C.O.	6	—
155	Abbey Gate	.. C.O.	6	—
156	Martin Street	.. C.O.	10	—
157	Leadenhall Street	.. C.P.O.	61	—
158	All Saints Road	.. C.O.	121	—
159	Alexander Terrace	.. C.O.	16	—
160	Yarm Terrace	.. C.O.	3	—
161	Orton Street	.. C.O.	21	—
162	Bath Street, No. 1	.. C.O.	3	—
163	Bath Street, No. 2	.. C.O.	8	—
164	Bath Street, No. 3	.. C.O.	6	—
165	Bath Street, No. 4	.. C.O.	4	—
166	Friday Street	.. C.O.	11	—
167	Bow Bridge Street	.. C.O.	2	—
168	Great and Little Holme Streets, No. 1	C.O.	29	—
169	Coventry Street and West Holme Street	C.O.	21	—
170	Fitzroy Street	.. C.O.	25	—
171	Sanvey Lane, No. 1..	C.O.	5	—
172	Sanvey Lane, No. 2..	C.O.	3	—
173	West Bridge Street	.. C.O.	3	1
174	Great and Little Holme Streets, No. 2	C.O.	20	—
175	Richard Street	.. C.O.	148	—
176	Midland Street	.. C.O.	50	—
177	Queen Street	.. C.O.	11	—
178	Southampton Street	C.O.	9	2
179	Ann Street	.. C.O.	23	4
Total .. ..			1,076	17

A majority of the above areas has been made the subject of enquiries by the Ministry of Housing and Local Government and has been confirmed by the Ministry with very little alteration.

In addition, six individual houses have been represented for demolition, and a further 83 were demolished.

Closing Orders were made under Section 17 of the Housing Act, 1957, on seven houses.

#### Individual Unfit Houses

Act under which Action taken	Houses repre- sented to Health Com- mittee	Houses on which Order made	Statutory Under- takings not to Re-Let	Houses vacated	Awaiting removal
Housing Act, 1957, Section 17—Dem. Orders. From July, 1939 .. ..	351	290	45	330	21
Housing Act, 1957, Section 17— Closing Orders ..	63	54	1	53	10
Housing Subsidies Act, 1956 ..	19	19	—	12	7
Voluntary Under- takings.. ..			20	14	6

## APPENDIX I

# Report on the Chest Clinic for 1957

by

C. M. CONNOLLY, M.D., M.R.C.P., D.P.H.

This report deals with the Tuberculosis work of the Chest Clinic. This work has continued along the same lines as in the previous year, and emphasis has been laid on case-finding and the control of infection.

Recent improvement in the treatment of tuberculosis, which has resulted from the use of long-term chemotherapy, has been reflected mainly in a decline in mortality, but in the long run, a considerable reduction in new infections must also be expected. This reduction has been slow in gaining way, but has shown signs of speeding up in 1957.

### New Cases

Two hundred and seventy-three new cases of tuberculosis were registered during the year, as compared with 345 in 1956. These figures include cases, previously notified as tuberculous elsewhere, who came to live in the city during the year. A number of these "transfers in" are young adults who have passed through the Government Training Centre in Humberstone Lane, and subsequently settle in the city, where they find suitable work. As the number of "transfers in" varies each year, a more accurate figure of the number of new cases is obtained by excluding them. When "transfers in" are excluded, the number of new cases found in 1957 was 210, as against 258 in 1956.

The pulmonary cases decreased by 40. The non-pulmonary cases decreased by eight.

These new cases of tuberculosis are analysed in the tables that follow. It will be seen from the tables that the majority of new cases occurred in the older male age groups, and that the number of pulmonary cases in young adults has continued to decline.

The following table shows the sources from which the cases of tuberculosis registered in 1957 came :

Transferred in from other Areas	..	..	..	63
Home contacts of notified cases	..	..	..	8

Business Contact .. .. .	1
School Case-finding Scheme other than Mass Radiography	8
School B.C.G. Scheme .. .. .	2
Scheme for X-ray of pregnant women .. .. .	4
Referred by the Mass Radiography Unit .. .. .	40
"Lost sight of" case returned .. .. .	1
Death adjustments .. .. .	5
Cases referred by Service Medical Officers .. .. .	4
Cases notified by Hospital Medical Officers .. .. .	36
Cases referred to the Clinic by General Practitioners .. .. .	101
	<hr/>
	273
	<hr/>

The following table gives the number of new cases, including "transfers in", since 1926 :

Year	Pulmonary	Non-pulmonary	Total
1927	700	80	780
1928	668	117	785
1929	657	77	734
1930	582	66	648
1931	511	61	572
1932	442	69	511
1933	438	74	512
1934	331	72	403
1935*	460	100	560
1936	355	79	434
1937	345	88	433
1938	310	84	394
1939	299	84	383
1940	343	101	444
1941	390	75	465
1942	365	85	450
1943	359	93	452
1944	392	52	444
1945	355	60	415
1946	440	55	495
1947	458	68	526
1948	403	78	481
1949	410	51	461
1950	555	46	601
1951	443	46	489
1952	473	41	514
1953	455	39	494
1954	392	56	448
1955	361	33	394
1956	316	29	345
1957	249	24	273

\*City Boundary extended and population increased by 20,000.  
The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

The following table gives the sex and age periods of those notified during 1957 :

Age Periods ..	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<b>Pulmonary</b>											
Males ..	3	—	4	9	9	18	15	20	27	15	120
Females ..	2	5	4	9	11	17	9	6	6	2	71
<b>Non-pulmonary</b>											
Males ..	—	—	—	1	1	1	1	1	—	—	5
Females ..	—	1	1	3	1	2	2	2	—	2	14

The following table gives the sex and age periods of those transferred in from other areas during 1957 :

Age Periods ..	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<b>Pulmonary</b>											
Males ..	—	—	—	1	8	16	8	2	3	1	39
Females ..	—	—	—	—	6	10	3	—	—	—	19
<b>Non-pulmonary</b>											
Males ..	—	—	—	—	2	—	1	—	—	—	3
Females ..	—	—	—	1	1	—	—	—	—	—	2

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

**Pulmonary Tuberculosis in Young Adults (Notifications)**  
(15-24) during the past six years

Ages	1952		1953		1954		1955		1956		1957	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	26	33	23	23	8	16	9	18	9	14	9	9
Females ..	33	38	24	21	17	19	16	12	14	12	9	11
Total ..	59	71	47	44	25	35	25	30	23	26	18	20
<b>Total both sexes ..</b>	130		91		60		55		49		38	

**Contacts**

The following table shows the number of contacts who attended for chest X-ray during the past six years. The number of contacts who were found to have tuberculosis in 1957 was nine, a considerable reduction from the previous year :

	1952	1953	1954	1955	1956	1957
Number of contacts examined ..	2,452	2,076	2,602	2,588	2,986	2,554
Number found to have tuberculosis ..	38	27	20	26	30	9

**School Case-Finding Scheme**

This scheme, which was started in 1953, has continued to provide useful information. 67 tuberculin positive School Entrants were referred by the School Medical Officer, and five of these children were found to have active tuberculosis. 220 home contacts of the children were examined, and a further three cases of tuberculosis were found.

	1953	1954	1955	1956	1957
Tuberculin positive School Entrants and their contacts ..	1,686	555	344	462	287
Number found to have tuberculosis .. ..	16	2	3	5	8

**Radiological Examination of Expectant Mothers**

Two thousand, three hundred and forty-seven expectant mothers attended for chest X-ray, and four cases of pulmonary tuberculosis were discovered. It was hoped that the number of expectant mothers would have been greater, but during the second half of the year the number who accepted chest X-ray declined. This decline may to some extent have been due to the publicity given to possible radiation hazards to the baby which might result from X-ray during pregnancy. It is now recognised that when normal safety precautions are carried out, the hazard from chest X-ray is negligible.

	1954	1955	1956	1957
Number of Expectant Mothers X-rayed	767	1,797	2,597	2,347
Number found to have tuberculosis ..	1	3	6	4

**B.C.G. Vaccination**

B.C.G. vaccination has again been offered to all tuberculin negative contacts. 846 vaccinations were performed during the year, as against

831 the previous year. This increase in the numbers of vaccinations, when judged against the smaller number of new cases and new contacts, appears to indicate an increasing awareness by the public of the value of B.C.G. vaccination in the prevention of tuberculosis.

Number of B.C.G.	1950	1951	1952	1953	1954	1955	1956	1957
vaccinations ..	191	855	622	532	717	777	831	846

## Rehabilitation

The facilities offered by the Ministry of Labour in the rehabilitation of tuberculous cases have been fully utilised during the year, and suitable cases have been referred to the Industrial Rehabilitation Unit and Government Training Centre in Humberstone Lane.

The Spero holiday scheme organised by the National Association for the Prevention of Tuberculosis has been found helpful in obtaining suitable holiday accommodation for needy cases who it was felt would benefit from a short holiday away from home.

## Chronic Cases

Long-term treatment of the chronic positive cases with anti-tuberculous drugs has been continued during the year. The main aim has been to obtain sputum conversion. These cases constitute our main reservoir of infection, and control of their infectivity is an important preventive measure.

Analysis of the Tuberculosis Register showed 2,214 respiratory cases at the end of 1957. Of this number 1,175 are quiescent cases, 566 cases are still on treatment and are expected to become quiescent, and 473 are chronic cases. Of the 473 chronic cases, 317 are men and 156 are women.

Some success has been achieved in obtaining sputum conversion, and only 70 of the 473 chronic cases had a positive sputum at any time during the year.

Forty-four of the 70 positive cases were found to be excreting tubercle bacilli which were resistant to the main anti-tuberculous drugs, and this was the chief cause of failure to obtain sputum conversion.

The possibility of spread of these resistant bacilli has been kept constantly in mind, but no new case discovered during 1957 was found to have been infected by resistant bacilli.

**DEATHS**    (*Local figures*)

Deaths due to pulmonary tuberculosis	..	27
Deaths due to non-pulmonary tuberculosis	..	1

The pulmonary deaths (27) were the same as in 1956. The non-pulmonary deaths were two less than in 1956.

Most of the deaths continue to occur in chronic cases in the older age groups, and, with the large number of chronic cases still on the register, it is hardly to be expected that much further reduction in the number of deaths will occur.

There were no deaths under the age of 25.

*Place of Death.*

Leicester Isolation Hospital and Chest Unit	..	11
Other Institutions	.. ..	2
In patients' own homes	.. ..	15

**Number of Deaths from Tuberculosis in Leicester  
during the past 18 years**

Year	Phthisis		Other Tuberculous Diseases		Total Tuberculous Deaths	
	Deaths	Rate per 100,000 Population	Deaths	Rate per 100,000 Population	Deaths	Rate per 100,000 Population
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61
1950	134	47	7	2	141	49
1951	98	34	7	2	105	36
1952	96	33	6	2	102	35
1953	68	24	5	2	73	25
1954	65	23	6	2	71	25
1955	57	20	2	1	59	21
1956	27	9	3	1	30	10
1957	27	9	1	1	28	10

The following tables give the Age, Sex Distribution and Occupation of those dying from Pulmonary Tuberculosis during 1957 :

**Age and Sex Distribution of Deaths from Phthisis in 1957**

Age Period	Males	Females	Total
0— 1 ..	—	—	—
2— 4 ..	—	—	—
5— 9 ..	—	—	—
10—14 ..	—	—	—
15—19 ..	—	—	—
20—24 ..	—	—	—
25—34 ..	2	6	8
35—44 ..	2	1	3
45—54 ..	2	1	3
55—64 ..	5	—	5
65+ ..	8	—	8
All Ages ..	19	8	27

**Occupations of Persons Dying from Phthisis in 1957**

	M.	F.		M.	F.
<b>Hosiery Trade</b>			Cinema Attendant ..	1	—
Pattern Maker ..	1	—	Dairyman ..	1	—
			Stone Quarryman ..	1	—
<b>Shoe Trade</b>			Stonemason ..	1	—
Warehouseman ..	1	—	Wool Winder ..	—	1
Clicker ..	2	—	Dressmaker ..	—	1
Retailer ..	1	—	Painter ..	1	—
Finisher ..	1	—	Labourer ..	2	—
<b>Engineering</b>			Occupations not stated		
Fitter ..	1	—	(includes married		
Clerk ..	1	—	women,*, widows,		
Turner ..	1	—	children and persons		
			of no occupation ..	3	6
			Total ..	19	8

\*A large number of married women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women, and widows, only the husband's occupation is registered.

## ANALYSIS OF DEATHS

### Pulmonary Cases on Chest Clinic Register

Stage when first examined			Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
T.B. - ve cases	..	1	—	—	—	—	—	—	—	1
T.B. + ve Stage 1	..	—	—	—	—	—	—	—	—	—
T.B. + ve Stage 2	..	13	—	—	1	1	1	—	1	9
T.B. + ve Stage 3	..	10	—	1	—	—	2	—	1	6
Total	.. ..	24	—	1	1	1	3	—	2	16

In addition there were three deaths of patients who had not been notified as suffering from tuberculosis. This gives a total of 27 pulmonary deaths.

### Deaths from Pulmonary Tuberculosis in Children (0-14) and in Young Adults (15-24) during the past six years

Years ..	1952		1953		1954		1955		1956		1957	
	0-14	15-24	0-14	15-24	0-14	15-24	0-14	15-24	0-14	15-24	0-14	15-24
Males ..	1	3	—	4	—	1	—	1	—	—	—	—
Females ..	—	9	—	2	—	2	—	1	1	—	—	—
Total ..	1	12	—	6	—	3	—	2	1	—	—	—
Total each year	13		6		3		2		1		—	

### Non-Pulmonary Tuberculosis Deaths (All Ages)

Addison's Disease and Generalised Tuberculosis
1

**Deaths from Tuberculous Meningitis in Children (0-14)  
during the past six years**

	1952	1953	1954	1955	1956	1957
Males .. ..	1	—	—	—	—	—
Females ..	—	1	1	—	—	—
Total .. ..	1	1	1	—	—	—

**Recovered Cases**

During the past year the names of 166 patients were removed from the register as having “recovered”. Of these, 147 were pulmonary and 19 non-pulmonary. Of the pulmonary cases, 60 had had tubercle bacilli in their sputum.

**VISITS**

Visits paid by the Health Visitors .. ..	6,686
Visits paid by the Home Nurses .. ..	6,026

**Chest Clinic as the “Centre of Diagnosis”**

Notes from general practitioners in Leicester requesting an opinion on 3,920 patients—2,858 were referred for the first time, the remainder were cases who had been before—were dealt with during the past twelve months.

**Clinical Examinations**

	Men	Women	Children	Total
First examinations ..	634	403	194	1,231
Re-examinations ..	3,018	2,162	327	5,507

**Radiological Examinations**

1951	1952	1953	1954	1955	1956	1957
15,146	14,941	18,094	15,453	17,536	18,525	16,943

**Total Attendances**

Total attendances .. ..	20,895
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# ANALYSIS OF CASES ON CHEST CLINIC REGISTER

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined clinically and/or radiologically during the year:										
(a) Definitely T.B.	99	54	11	7	11	3	106	65	14	185
(b) Diagnosis not completed ..	—	—	—	—	—	—	220	132	58	410
(c) Non-Tuberculous	—	—	—	—	—	—	1,494	2,950	480	4,924
B. New contacts examined during the year:										
(a) Definitely T.B.	3	5	1	—	—	—	3	5	1	9
(b) Diagnosis not completed ..	—	—	—	—	—	—	2	2	2	6
(c) Non-Tuberculous	—	—	—	—	—	—	367	336	448	1,151
C. Mantoux positive School Entrants and their contacts.										
(a) Definitely T.B.	1	—	6	—	—	1	1	—	7	8
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	—	—
(c) Non-Tuberculous	—	—	—	—	—	—	64	62	153	279
D. Cases written off Chest Clinic Register ..										
(a) Recovered ..	60	68	19	3	9	7	63	77	26	166
(b) Non-Tuberculous	—	—	—	—	—	—	2,050	3,458	1,115	6,623
E. Number of cases on Clinic Register on 31st December, 1957:										
(a) Definitely T.B.	1,159	902	153	63	102	28	1,222	1,004	181	2,407
(b) Diagnosis not completed ..	—	—	—	—	—	—	336	213	87	636
1. Number of cases on Clinic Register on 1st January, 1957, including observation cases ..	2,998			2. Number of cases transferred in from other areas, and one "lost sight of" case returned			65			
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" .. .. .	142			4. Cases written off during the year as dead (all causes) ..			61			
5. Number of attendances at the Chest Clinic for all purposes during the year .. ..	20,895			6. Number of chest X-ray films taken during the year .. ..			16,943			
7. Number of persons receiving B.C.G. vaccine, at the Clinic, during the year .. ..	846			8. Number of visits by the Health Visitors to homes of patients for Clinic purposes .. ..			6,686			
9. Number of patients visited by the Home Nurses during the year .. .. .	130			10. Number X-rayed under the scheme for X-ray of pregnant women .. .. .			2,347			
11. Number of patients to whom free milk was granted by the Local Health Department ..	212			12. Number of patients to whom beds and/or bedding have been loaned by the Local Health Department .. .. .			50			

## LEICESTER AREA MASS RADIOGRAPHY UNIT

### REPORT FOR 1957

I am indebted to Dr. E. M. Quinn, Medical Director, for the following Report :

The Unit has continued to devote its time between the city and the county districts. The groups X-rayed were general public, factory and office workers, doctors' referrals, nursery staffs, home helps, health visitors, school staffs, and wayfarers. The staff and patients of the mental hospitals, and H.M. Prison were X-rayed ; school children who were positive reactors to the tuberculin skin test, and in addition, those children 14 years of age and over who had not been skin tested, were also X-rayed. Intending teachers leaving the City Training College, and entrants to the teaching profession were X-rayed. This is a requirement of the Ministry of Education.

The statistical report shows that there has been an increased number X-rayed this year—37,808 (26,683 in 1956). 39 cases of active pulmonary tuberculosis were discovered (28 cases in 1956). It must be pointed out however, that this figure is not necessarily a final one, as a number of patients are still under observation. This gives a provisional rate of 1.03 per 1,000 (1.05 per 1,000, 1956). Doctors' referrals gave the high rate of 8.4 per 1,000. Further details of the incidence rate can be obtained from the statistical report.

# MASS RADIOGRAPHY UNIT. LEICESTER, 1957

	Miniatures		Large Films		Clinical Examinations		T.B. Active		Rate per 1,000	T.B. Inactive		Bronchiectasis		Cardiac		Carcinoma		Observation	
	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Public Sessions ..	4,338	5,357	254	369	63	77	8	6	1.4	11	22	2	2	6	8	—	—	10	6
Doctors' Referrals..	310	284	81	53	27	14	3	2	8.4	3	1	2	—	4	—	2	—	7	1
Organised Groups..	11,481	7,755	829	551	194	86	15	—	.77	44	12	6	2	17	5	1	—	8	5
Schools ..	2,406	2,453	162	143	38	14	1	—	.2	1	—	2	—	—	—	—	—	13	3
Colleges ..	546	697	22	50	3	4	—	1	.8	—	—	—	—	—	—	—	—	4	2
Wayfarers ..	158	4	24	—	10	—	1	—	6.2	5	—	—	—	1	—	—	—	—	—
Mental Institutions	572	758	56	97	11	19	—	—	—	4	6	2	1	3	3	2	—	—	—
Hillcrest Contacts ..	154	—	11	—	6	—	2	—	13.0	1	—	1	—	—	—	1	—	—	—
Prison ..	236	—	17	—	7	—	—	—	—	—	—	—	—	—	—	—	—	8	—
National Service Recruits ..	299	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—
TOTAL ..	20,500	17,308	1,456	1,263	359	214	30	9	—	71	41	17	5	31	16	6	—	50	17

## APPENDIX II

# **Report on Maternity and Child Welfare for the year 1957**

### **FOREWORD BY THE MEDICAL OFFICER OF HEALTH**

The Report this year is by Dr. T. A. I. Rees, who succeeded Dr. E. B. B. Humphreys, on her retirement early in 1958, as Medical Officer for Maternity and Child Welfare.

Dr. Humphreys first commenced work in Leicester in 1929 and for approximately 29 years devotedly served the women and children of Leicester. Our thanks go out to her for her wonderful service.

Dr. Rees, although he was not in office during any of the period covered by this Report, has written a most interesting account of the work during 1957, and I thank him. Though the report mainly follows the previous outline, there are several points worth note.

The infant mortality rate was a new low record. At 17.6 deaths during the first year of life per 1,000 births, it compares with 80.3 deaths in 1929, the year Dr. Humphreys took up her work in Leicester—a great achievement.

There is a special section devoted to the problem of home accidents, and reference is made to the perinatal mortality rate, on which much research on a national basis is being made.

A Register of Handicapped Children is now kept in the Department.

# Report on Maternity and Child Welfare

for the year 1957

by

T. A. I. REES, B.Sc., M.B., B.Ch., D.P.H., D.I.H., D.C.H., D.Obst.R.C.O.G.  
(Senior Medical Officer for Maternity and Child Welfare)

## STATISTICS

### Birth-rate

There were 2,315 male births and 2,112 female births, a total of 4,427, giving a birth-rate of 15.7 per 1,000 population.

Of the total births (4,427), 298 were illegitimate (155 males and 143 females), giving an *illegitimate birth-rate* of 1.06.

### Stillbirths

There were 87 stillbirths registered during the year, 54 males and 33 females.

From detailed records compiled of the 82 stillbirths notified during the year, the following summary has been made :

Confined at		Condition of foetus		Duration of pregnancy in weeks																
Home	Hospital	Macerated	Not Macerated	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
9	73	41	41	—	3	2	1	5	4	5	5	5	6	9	1	32	2	1	—	1

Confined at		Condition of foetus		Parity of Mother												
Home	Hospital	Macerated	Not Macerated	1	2	3	4	5	6	7	8	9	10	11	12	13
9	73	41	41	34	9	10	9	2	6	3	—	2*	2	2	—	3

\*Includes one case of twins.

The causes of the stillbirths were:

Ante partum hæmorrhage	..	..	..	15
Abnormal presentation	..	..	..	2
Toxæmia of pregnancy	..	..	..	6
Prolapsed cord	..	..	..	5
Cord around neck	..	..	..	1
Maternal disease	..	..	..	3
Malformation of fœtus	..	..	..	11
Prematurity	..	..	..	7
Rh. negative with antibodies	..	..	..	1
Difficult delivery	..	..	..	3
Placental abnormality	..	..	..	5
Not known..	..	..	..	23
Total				82

From an analysis of the stillbirths, the following observations are made :

- (1) In the nine domiciliary confinements which resulted in a stillbirth, the midwife was in sole charge of the pregnancy and confinement in only two of the cases. In two cases no midwife or doctor had been engaged and in five cases, both midwife and doctor had been engaged. The doctor was called in in emergency in six cases and the "Flying Squad" in one case. In the remaining two cases when a doctor was not called in in emergency, one baby died during labour and in the other the baby was known to have died in utero prior to labour.
- (2) Concerning the 73 stillbirths reported from hospital, 14 were admitted as emergencies and were not booked for hospital confinement.
- (3) The duration of pregnancy was 40 weeks in 32 of the stillbirths.
- (4) Again it is seen that the largest group at risk are the women pregnant for the first time. The pregnancy ended in stillbirth in 34 women pregnant for the first time. In addition, the increased risk of stillbirths attached to multiparity is seen by the fact that there was a total of 18 stillbirths in women having their 6th, 7th, 9th, 10th, 11th and 13th pregnancies.

#### Infant Mortality Rate (Registrar General's Figures) :

Number of deaths in infants under one year	..	78
Corrected number of births	.. ..	4,427
Infant death-rate	.. ..	17.6

From our local figures, the following summary of 76 infant deaths has been made (the remaining two deaths being transferred in to our area having occurred elsewhere, and of which we have no detailed record) :

Onset of Illness		Place of Death		Parity of Mother								
Home	Hospi- tal	Home	Hospi- tal	1	2	3	4	5	6	7	8	9
32	44	18	58	24	14	14	10	6	5	1	1	1

Onset of Illness		Place of Death		Duration of Illness														
Home	Hos- pital	Home	Hos- pital	Under 1 day	1 - 7 days	8 - 14 days	15 - 28 days	29 days—	2 mths.—	3 mths.—	4 mths.—	5 mths.—	6 mths.—	7 mths.—	8 mths.—	9 mths.—	10 mths.—	11 mths. - 1 year
32	44	18	58	41	21	3	5	1	3	1	1	—	—	—	—	—	—	—

From the above analyses the following observations are made :

- (1) The initial illness occurred more frequently in hospital, but nearly half the children taken ill at home were transferred to hospital.
- (2) The duration of illness was under 24 hours in 41 of the deaths and under one week in an additional 21 cases, making 81.5% of the total deaths.
- (3) The infant death was associated with the first pregnancy in 24 mothers.

From an analysis of the cause of death, according to our local records and not for comparison with the Registrar-General's figures, the following observations are made :

- (1) The largest single group was prematurity, accounting for 24 deaths. (Details of premature infants will be found on page 114 of the report.)
- (2) Congenital malformations were the next biggest single group, accounting for 10 deaths.
- (3) Violence accounted for three deaths ; two cases of accidental suffocation in a cot and the third being due to electrocution by contacting the live ends of a power plug.

- (4) Of the 78 deaths, 51 occurred before the end of the first week and 59 before the end of the first month.

### Perinatal Mortality Rate

The Perinatal Mortality rate is calculated as :

$$\frac{(\text{All deaths under 28 days} + \text{all Stillbirths}) \times 1,000}{\text{Total births (living and stillborn)}} = \frac{(59 + 87) \times 1,000}{(4,427 + 87)} = 32.3 \text{ per 1,000}$$

This figure compares very favourably with the national rate of 38.6 per 1,000.

Over the years, the infant mortality rate has decreased dramatically but wastage of life at or near birth, i.e. the perinatal period, has decreased at a much slower rate and improvement of these figures remains a challenge. Thus, nowadays, the perinatal mortality rate provides a very sensitive index of the care and attention given during pregnancy, childbirth and the neo-natal period.

### Maternal Mortality

Number of deaths during the year	..	..	2
From Puerperal Sepsis	..	..	-
From other accidents and diseases of pregnancy and parturition	..	..	2
Total	..	..	2
		1957	1956
Rate per 1,000 live and stillbirths	..	0.44	0.45
Puerperal Sepsis Rate	..	—	0.22
Figures for England and Wales :			
Maternal Mortality Rate	..	0.47	0.56

The details of the deaths are as follows :

- (1) A woman of 26 years of age with phaeochromocytoma of the adrenals who died of pulmonary oedema and eclampsia.
- (2) A woman aged 43 years with valvular disease of the heart (Aortic incompetence) and bronchiectasis, who died of acute pulmonary oedema.

TABLE 7. City of Leicester

## INFANT MORTALITY DURING THE YEAR 1957

Net Deaths from stated Causes at various Ages under 1 year of Age.  
(LOCAL FIGURES)

CAUSE OF DEATH	Under 1 Wk.	1 Week	2 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	4 to 6 Mths.	7 to 9 Mths.	10 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified	51	3	4	1	59	10	4	3	2	78
Congenital Malformations..	3	—	1	—	4	4	2	—	—	10
Birth Injuries ..	5	1	—	—	6	—	—	—	—	6
Atelectasis ..	8	—	—	—	8	—	—	—	—	8
Premature Births ..	21	1	1	—	23	1	—	—	—	24
Diarrhœa, etc. ..	—	—	—	—	—	1	—	—	—	1
Convulsions ..	—	—	—	—	—	—	—	—	—	—
Asphyxia Neonatorum ..	3	—	—	—	3	—	—	—	—	3
Hæmolytic Disease of the Newborn ..	2	—	—	—	2	—	—	—	—	2
Pemphigus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Sclerema ..	—	—	—	—	—	—	—	—	—	—
Hæmorrhagic Disease of the Newborn ..	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ..	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis ( <i>Not Tuberculous</i> )	—	—	—	—	—	—	—	—	—	—
Bronchitis ..	—	—	—	—	—	—	1	—	1	2
Pneumonia (all forms) ..	4	1	—	—	5	1	1	2	—	9
Syphilis ..	—	—	—	—	—	—	—	—	—	—
Intussusception & Intestinal Obstruction ..	—	—	—	—	—	—	—	—	—	—
Congenital Heart Disease ..	3	—	—	—	3	—	—	1	—	4
Whooping Cough ..	—	—	1	—	1	—	—	—	—	1
Measles ..	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	—	—	—	—	—	—	—	—	—	—
Ant. Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—
Other Infective Diseases ..	—	—	—	—	—	2	—	—	—	2
Malignant Neoplasms ..	—	—	—	—	—	—	—	—	—	—
Violent Causes ..	—	—	—	1	1	1	—	—	1	3
Other Causes ..	2	—	1	—	3	—	—	—	—	3

Registrar-General's figures:

Net Births in { legitimate, 4,129  
the Year { illegitimate, 298

Net Deaths in { legitimate infants, 74  
the Year of { illegitimate infants, 4

## NATIONAL HEALTH SERVICE ACT, SECTION 22

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old ..	4,446	(4,412)
„ „ revisits to children under one year old ..	21,732	(20,891)
„ „ visits to children one to five years old ..	35,386	(33,814)
„ „ first visits to ante-natal cases .. ..	1,555	(1,229)
„ „ other visits to ante-natal cases .. ..	1,020	(625)
„ „ visits to tuberculous patients .. ..	5,194	(5,800)
„ „ visits re Mantoux testing .. ..	288	(247)
„ „ visits concerning infant deaths and stillbirths	42	(47)
„ „ visits concerning after-care .. ..	196	(246)
„ „ visits to diabetes patients .. ..	1,547	(1,853)
„ „ visits concerning applications for convalescent home accommodation .. ..	149	(117)
„ „ other visits (no access) .. ..	10,423	(10,224)
„ „ other visits (not classified) .. ..	4,511	(4,358)
Totals .. ..	<u>86,489</u>	<u>(83,863)</u>

#### Attendances of Health Visitors at Clinic and other Sessions :

Child Welfare Centres .. .. .	2,658
Ante-Natal Clinics .. .. .	623
Birth Control Clinics .. .. .	206
School Sessions (including Minor Ailments, Scabies Clinics, B.C.G. Sessions and Medical Inspections)	4,562
Diphtheria Immunisation and Vaccination Clinics ..	60
Chest Clinic .. .. .	270
Hospital Sessions .. .. .	402
Screening Tests .. .. .	613
Others (including Audiology Clinic) .. ..	460
Total .. .. .	<u>9,854</u>

Throughout the year it was possible to maintain the establishment figure of 36 health visitors employed by the Health Department (in addition to those of the staff of the School Health Service who undertake combined duties); in fact for short periods this figure was exceeded. While some of the staff remain only for their contract period of 18 months after qualifying, nevertheless they make a valuable contribution to the volume of work done.

The figures show an increase of 2,626 in the grand total of visits paid, compared with 1956, but fall a few hundreds short of the figures for 1955 when the highest number of visits during the year was recorded.

Concerning these statistics :

- (1) The visits to tuberculous patients once again show a considerable decrease which is yet another indication of the gradual conquest of this disease.
- (2) There were over 300 more first visits paid to ante-natal cases and almost 400 more further visits to ante-natal cases as compared with 1956.
- (3) The number of "No access" visits has risen slightly, to 10,423, as compared with 1956. This is still a considerable loss of time to the Health Visitors concerned. This problem has received the special attention of the Superintendent Health Visitor and the Senior Medical Officer for Maternity and Child Welfare but as yet no solution has been found. The arrangement which requires the Health Visitor to seek the guidance of the Superintendent Health Visitor when two successive "no access" visits have been paid has not brought about the hoped for reduction in the number.
- (4) Since 1st April, 1957, the Health Visitors and the Public Health Inspectors have been co-operating with the Central Public Health Laboratory in obtaining stool specimens from children as part of the Poliomyelitis Survey. The specimens are examined at the Central Public Health Laboratory for the presence of any Poliomyelitis virus. This survey will continue until May, 1958, and it is hoped that the results will be available for next year's report.

### **Deafness in the Pre-School Child**

Details of the establishment and the scope of this pioneer clinic were included in the report for 1952.

The following is a summary of the work during the year under review :

Number of clinic sessions held (for ascertainment and for training) .. .. .	57
Number of new children referred (including 6 from other Local Authorities) .. .. .	28
Number of children attending .. .. .	41
Number of attendances made by the children .. .. .	210
Average attendances of children at each clinic .. .. .	3.7

#### Source of recommendation :

Medical Staff of Health Departments .. .. .	7
Ear, nose and throat Surgeons .. .. .	4
Pædiatricians .. .. .	3
General Practitioner .. .. .	1
School Medical Service .. .. .	5
Failed Screening Tests .. .. .	8
<hr/>	
Total .. .. .	28
<hr/>	

#### Results of tests of hearing :

Number of children who attended for the first time .. .. .	28
Number of children who, after adequate investigation, have been shown to have hearing over the whole range of speech frequencies .. .. .	11
Number of children who have hearing over part of the range of speech frequencies .. .. .	5
Number of children who possess merely an island of hearing .. .. .	4
Number of children who have not yet responded reliably to tests .. .. .	8
<hr/>	
	28
<hr/>	

#### Results of Guidance and Training :

Children whose parents have had guidance about home training over a period of time .. .. .	9
Children who have been recommended to a School for the Deaf or Partially Deaf after having home training .. .. .	6
Children who are lip reading .. .. .	7
Children who are watching for speech, but cannot as yet be said to be lip reading .. .. .	2
Children who are having auditory training with Hearing Aids in connection with lip reading .. .. .	8
Children who are beginning to talk :	
(a) Those who have some naturally acquired speech.. .. .	5
(b) Those who are deaf who, through lip reading, have begun to frame with their lips a few words in phrases .. .. .	1

Summary of the ages of the 28 children who attended the clinic for the first time in 1957 :

2 months	..	..	..	..	..	1
9 months	..	..	..	..	..	1
11 months	..	..	..	..	..	1
1 year ..	..	..	..	..	..	8
2 years ..	..	..	..	..	..	3
3 years ..	..	..	..	..	..	8
4 years ..	..	..	..	..	..	2
5 years ..	..	..	..	..	..	2
6 years ..	..	..	..	..	..	1
13 years ..	..	..	..	..	..	1
						—
						28
						—

The ages of the two children who were watching for speech were 11 months and three years.

The ages of the seven children who have begun to lip read range from two years to 13 years.

The ages of the eight children who are having auditory training range from 11 months to 13 years.

Of the undiagnosed children in 1956 (see Report, Page 94), three were found to have normal hearing and the fourth is still attending the Audiology Clinic.

### Screening Tests

The following are the details of the 1,992 routine tests carried out during the year, with the corresponding details for previous years and the total of tests :

No. of Children tested			Results of Screening Tests, 1957		
Previous years	1957	Total	Failed 1st Test	Failed 2nd Test	Failed 3rd Test
3,502	1,992	5,494	71	15	8

It will thus be seen that 1,921 passed the first time, leaving 71 to be re-tested ; and that 42 passed the second test (14 still to be tested for the second time). Of the remaining 15, six passed the third test (one child waiting third test), leaving eight children requiring further investigation at the Diagnostic Clinic and 15 children to complete their screening tests.

The ages of the children tested were as follows :

Under 1 year	..	..	..	..	..	1,241
12—15 months	..	..	..	..	..	219
15—18 months	..	..	..	..	..	153
18 months—2 years	..	..	..	..	..	170
2—3 years	..	..	..	..	..	115
3—4 years	..	..	..	..	..	70
4—5 years	..	..	..	..	..	24
Total						1,992

Concerning the eight children who failed their third test, they were all referred to an Ear, Nose and Throat Surgeon for investigation as a routine before attending the clinic for further tests of hearing.

The results of this procedure were as follow :

All eight were referred to the Audiology Clinic for further investigation.

The results of the tests at the Clinic for the Young Deaf Child of these eight children were as follow :

Undiagnosed as investigations were incomplete	..	..	6
One child aged 11 months having training with a hearing aid			1
One child, attending a normal school, with a small degree of deafness, aged four years	..	..	1

Thus, by the end of 1957, 5,494 children have been tested for normal hearing, and it is due to the keenness of the Health Visitors who are specially trained for this work that during the year 1957, over 500 more children were tested than in 1956.

During the year, one of the four specially trained Health Visitors attached to the clinic left the Department, thus leaving only three specially trained Health Visitors working at the clinic.

The clinic is still extremely fortunate in the sustained interest of Professor and Mrs. Ewing of Manchester on whose teaching and research the clinic was founded.

Mrs. Ewing continues to visit the clinic and also gives lecture/ demonstrations to other members of the department of child welfare. We are thus fortunate to have her expert criticism, guidance and teaching, which are all very necessary and invaluable to those of us engaged in this work.

## Handicapped Children

Since February, 1957, a register of handicapped children under school age has been kept in the Maternity and Child Welfare Department. The Health Visiting cards for these children are checked monthly by the Senior Medical Officer for Maternity and Child Welfare and unless the handicap does not warrant it, a home visit is paid every month by the Health Visitor. At the age of two years, a report is sent to the Senior School Medical Officer, but wherever appropriate the Senior School Medical Officer is notified before the age of two years, particularly if special educational facilities will be required. The child's name is taken off the register at the age of five years, or if the child is no longer considered to be handicapped.

Statistics for the incomplete year, February to December, 1957, are appended below :

New registrations, February to December, 1957	..	180
Children attaining the age of five years during 1957	..	34
Children who died during 1957	.. ..	4
Children who moved from the City during 1957	..	7
Children reviewed and considered no longer handicapped	..	3

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Total of registered handicapped children in December, 1957	132
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Of the 180 children registered during the year, the handicaps were as follow :

Blind and partially sighted	..	..	..	..	15
Deaf and partially deaf	..	..	..	..	9
Orthopaedic defects	..	..	..	..	26
Mentally retarded :					
Mongols	..	..	..	..	26
Others	..	..	..	..	34
Epilepsy	..	..	..	..	6
Cardiac abnormalities	..	..	..	..	14
Congenital deformities	..	..	..	..	12
Cerebral palsy or spastic	..	..	..	..	18
Urogenital abnormalities	..	..	..	..	3
Diabetes	..	..	..	..	2
Others	..	..	..	..	15
Total	..	..	..	..	180

## Mobile Clinic

This clinic, now in use for three years, continues to provide convenient and hygienic conditions of work for the doctor and health visitors in outlying areas of the city where such facilities would otherwise not be available. The clinic is now used for nine sessions a week, leaving only the minimum of time for the vehicle to be serviced. The staff of the Ambulance Department and particularly the Chief Ambulance Officer, Mr. J. E. Oswell, continue to care for and deliver the Mobile Clinic—often in very adverse circumstances—and the department is fortunate to have their skill and kindly help available at all times.

## Ante-natal Clinics

The number of ante-natal attendances during the year 1957 was as follows :

Clinic	No. of Sessions	ATTENDANCES			
		First Visits	Re-Visits	Total	Avg. per Session
Cort Crescent . . . . .	49	100	424	524	11
Crescent Street a.m.	50	195	548	743	15
p.m.	49	103	306	409	8
Causeway Lane . . . . .	51	115	409	524	10
Belgrave Hall . . . . .	51	217	808	1,025	20
Newby Street . . . . .	51	212	822	1,034	20
Braunstone Avenue . . . . .	49	99	360	459	9
Aikman Avenue* . . . . .	50	119	459	578	12
Southfields Drive . . . . .	50	165	589	754	15
Stocking Farm* . . . . .	49	129	618	747	15
Humberstone Village* . . . . .	51	41	236	277	5
Goodwood* . . . . .	49	46	131	177	4
Totals . . . . .	599	1,541	5,710	7,251	12

\*Mobile Clinic

The volume of the work has remained more or less stationary though somewhat uneven in distribution, the ante-natal clinic at Goodwood Road in particular being poorly attended, and the attendances have not shown the hoped for increase.

It is hoped during 1958 that Mothercraft Classes will be started in some areas as it is well realised that health education plays an important

part in ante-natal work. The main limiting factor to date has been the lack of suitable premises for such classes.

**Post-natal Clinic**

There is one central clinic—with a weekly session—for those patients attended by a midwife only.

The response during the third year of its existence still justified the establishment of this clinic but it shows no increase over 1956.

Number of sessions	..	..	..	39
First visits of patients	..	..	..	91
Revisits of patients	..	..	..	17

Patients come by appointment and the midwife present at the confinement is encouraged to attend if possible.

It is hoped that when mothercraft teaching has become available that the mothers will appreciate the importance of the post-natal examination, particularly as a means of preventing gynaecological complications in later life.

**Premature Infants**

**Circular 20/44 of the Ministry of Health, dated 22nd March, 1944**

In the Table, there are 202 infants who were born in hospital, 76 infants who were born at home and 14 infants who were born in a private nursing home, making a total of 292 births in all.

Of the 60 premature infants born at home and remaining at home, 58 survived to the 28th day. The remaining two died within 24 hours of birth. This survival rate of premature infants born at home can only be described as excellent and is a tribute to the care and skill provided by the midwives.

The special equipment, collectively known as the “Sorrento” outfit, was used only on ten occasions at home.

Of the 16 premature infants born at home and transferred to hospital, 11 survived to the 28th day and five died within 24 hours of birth. In the main it is the more feeble infants who are transferred to hospital.

It is noteworthy that of the 13 premature infants who remained in a nursing home, all survived to their 28th day.

# PREMATURITY

Number of premature live births notified (as adjusted by transferred notifications):  
 (a) In Hospital .. 202. (b) At Home .. 76. Total .. 292

Number of premature still-births notified (as adjusted by transferred notifications):  
 (a) In Hospital .. 39. (b) At Home .. 5. Total .. 44

WEIGHT AT BIRTH	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS		
	Born in Hospital			Born at home and nursed entirely there			Born at home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day		
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days
(a) 3 lb. 4 oz. or less (1,500 gm. or less)	34	9	16	1	1	-	5	3	2	-	-	-	18	2	-
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gm.)	41	1	35	1	-	1	6	2	4	3	-	3	10	2	-
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gm.)	46	-	45	10	-	10	3	-	3	3	-	3	5	-	-
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gm.)	81	2	77	48	1	47	2	-	2	7	-	7	6	1	-
TOTALS ..	202	12	173	60	2	58	16	5	11	13	-	13	39	5	-

Of the 202 premature infants born in hospital, 173 survived to the 28th day. Of the 29 who did not survive, 12 died within 24 hours of birth.

### Ophthalmia Neonatorum

There were four cases notified during the year, all of which responded satisfactorily to treatment.

### Birth Control Clinic

There are two weekly sessions devoted to this work, one at a central clinic and one on an outlying estate.

The following figures refer to the work done at both clinics during the year 1957 :

	<i>City</i>	<i>County</i>	<i>Total</i>
Number of patients who sought advice ..	183	74	257
Number of patients who were accepted for advice .. .. .	181	74	255
Number of patients who were refused advice	2	—	2

Concerning the 255 women accepted for advice, the following are the medical reasons for which the advice was given :

<b>Husband :</b>	<i>City</i>	<i>County</i>	<i>Total</i>
Active Tuberculosis .. .. .	1	—	1
Other diseases .. .. .	—	2	2
<b>Children :</b>			
Congenital defect .. .. .	1	—	1
<b>Patient :</b>			
Nervous debility .. .. .	21	3	24
General debility .. .. .	62	26	88
Pulmonary Tuberculosis .. .. .	10	5	15
Heart disease .. .. .	4	4	8
Kidney trouble .. .. .	1	—	1
Toxæmia of pregnancy .. .. .	5	6	11
Obstetric complications .. .. .	13	4	17
Gynæcological conditions .. .. .	3	1	4
Various other conditions .. .. .	60	23	83

### Cases in which advice was refused

Advice was refused to two women, both city patients. In one of them there was no medical ground for the advice to be given and the other patient was attending one of the hospitals and did not return again to the clinic.

## Child Welfare Centres

(Corresponding figures for the previous year in brackets)

Number of Child Welfare Centres	26	(26)
Number of Medical Weekly Sessions	26	(26)
Number of Sessions held ..	1,295	(1,313)
Total attendances of Mothers	54,121	(54,005)

### Total attendances of Children:

Under one year old ..	46,017	} 63,452	(45,893)	} (64,620)
Over one year old ..	17,435			

### First visits of Children :

Under one year old ..	3,723	} 4,137	(3,662)	} (4,217)
Over one year old ..	414			
Number of sessions at which a doctor was present ..	1,291			(1,299)
Number of children seen by a doctor .. .. .	21,774			(21,797)

During the year, the volume of work in these centres has been maintained with a slightly lower number of sessions held compared with 1956, a slight increase in the total attendances of mothers and a slight decrease in the number of children attending.

The number of children over one year attending the centres once again showed a decrease of just over 100 children.

The average number of children seen by a doctor at each session was 16.8.

More teaching in health education has been undertaken by the health visitors in the centres during the year and in this they have been considerably helped by Mr. E. W. Harris, the Health Education Assistant, who has provided films and given talks himself. It is hoped to increase this educational work as far as is possible in the centres.

This report on Child Welfare Centres would not be complete without mentioning the great debt owed to the large number of voluntary workers at these centres, without whose assistance, the centres could not function. Members of the Women's Voluntary Service have continued to assume the responsibility for the distribution of Welfare Foods.

## Welfare Foods

The distribution of welfare foods has continued during the year under review. The centres for distribution for 1957 were the Crescent

Street Clinic premises, 140 Wellington Street and the Women's Voluntary Service offices at Jubilee Buildings, Charles Street. In addition, welfare foods are distributed at all the child welfare centres in the city. The first three centres mentioned above are open every morning and afternoon in the week except Saturday, but the child welfare centres are only open for the distribution of welfare foods at the session when the Child Welfare Clinic is held.

Although full-time staff of the Health Department is employed at the three central distribution centres, the great majority of the work is carried out by members of the Women's Voluntary Service and other voluntary workers.

During the year the following types of welfare foods were distributed from the various centres :

Main Distribution				
		Centres	Clinics	Total
Orange Juice (bottles)	..	84,945	119,373	204,318
National Dried Milk (tins)	..	50,153	49,822	99,975
Cod Liver Oil (bottles)	..	10,859	16,784	27,643
Vitamin Tablets (packets)	..	8,424	7,186	15,610
				<hr/>
				347,546 items
				<hr/>

It is gratifying that civic recognition has been given to the contribution made by all these voluntary workers in the form of a coffee party in the Town Hall when the Lord Mayor and the Health Committee Chairman expressed their appreciation.

### **Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions.** (Circular 2,831 of the Ministry of Health, dated July, 1943)

#### **Ascertainment**

The method and classification, as previously described, remain unchanged.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was seven, and as previously, they belonged to families where the mother was not unduly concerned about the presence of head lice.

It is fair to say that this number is an underestimate of the incidence of verminous conditions which are often only made known when an emergency requires intensive and prolonged help to be provided for such a family.

## Method of Cleansing

The cleansing of the young children is sometimes undertaken at home but more usually at the Cleansing Centre at Slater Street, whilst the premises are dealt with by the staff of the Public Health Inspection Department.

## Treatment at Minor Ailments Clinics

Where necessary, children under school age are referred for the treatment of minor ailments to one of the many Minor Ailments Clinics in the city administered and staffed by the School Health Service.

## Artificial Sunlight

The number of children referred to the clinic was 90, as against 112 for the previous year.

The number of children who completed treatment was as follows :

	Good Results		Fair or unchanged		Total
	Boys	Girls	Boys	Girls	
Infants :					
Respiratory Catarrh ..	9	6	2	2	19
Debility .. ..	1	2	1	—	4
Alopecia .. ..	—	1	—	1	2
Asthma .. ..	1	—	—	—	1
Anorexia .. ..	—	5	—	2	7
Rickets .. ..	3	2	—	—	5
Various .. ..	5	5	—	2	12
	—	—	—	—	—
Totals ..	19	21	3	7	50
	—	—	—	—	—

## Other Clinics

There were 34 children under five years of age admitted to the Ear, Nose and Throat Clinic, 98 to the Eye Clinic, 174 to the Skin and Minor Ailments Clinic, 125 to the Orthopædic Clinic and none to the Rheumatism Clinic.

## Day Nurseries

From January, 1957, placement at Fosse Road Day Nursery was increased from 35 to 45 and this nursery accepted children up to five years of age and not three years of age as hitherto.

The details of the provision and attendances at each nursery are given as follows :

<i>Day Nursery</i>	<i>Places</i>	<i>Attendances</i>	<i>Daily Average</i>
St. Martin's ..	60	10,730	43.16
Glen Street ..	60	11,572	47.43
Fosse Road ..	45	10,016	41.05
Fairway ..	40	7,963	32.64
New Walk ..	35	8,272	33.90
College Street ..	45	10,752	44.06
Belgrave House ..	60	10,770	44.14
Bedford Street ..	50	11,174	45.79
Sparkenhoe Street ..	50	11,889	48.73
Frank Street ..	50	10,363	42.47
Number of children on the register ..		..	565
Number of approved places ..		..	495
Average attendance in 1957 ..		..	424.2

Until April 1st, the full charge was 5/- per day per child but after the 1st April, the full charge was 5/6 per day per child. All applicants for day nursery vacancies are assessed thoroughly with regard to the need for a day nursery vacancy both on sociological and financial grounds with the result that not all awarded vacancies pay the full charge. All applications are dealt with as they are submitted but the necessary investigations inevitably take some time. Every effort is made to ensure that the waiting time between application and admission is as short as possible and there is no waiting list as such.

### **Nurseries and Child Minders Regulation Act, 1948**

Of the industrial nurseries registered in 1948, two continued to function and are under the supervision of the Supervisory Matron of Day Nurseries.

During the year five persons applied for registration as daily minders and were approved. One of these persons cancelled her registration after a period of four months. The registered daily minders are supervised by the Superintendent Health Visitor together with the appropriate district Health Visitor.

### **The Care of Illegitimate Children**

#### **Circular 2866 of the Ministry of Health, dated October, 1943**

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1957 is as follows :

Number of births notified by City Health Department	..	287
Number of cases referred from other sources	..	128
		<hr/> 415
Health Visitor reports "No help required at present"	..	162
(106 of this number are said to be cases of cohabitation)		
Mother and child left district	..	5
Children born in City from County address	..	37
(Nine known to County Workers)		
See report below. Analysis of work	..	211
(Of the 287 births, 83 are included in the analysis)		
		<hr/> 415

Sources of reference (new cases only) :

Hospital Almoners	..	42
Health Visitors and Clinics	..	24
Officials N.A.B., Employment Exchanges, etc.	..	26
National Council for the Unmarried Mother and her Child		12
Voluntary Agencies and individual Social Workers	..	3
Doctors, Employers, Friends	..	56
Personal application	..	1
Clergy, Church Workers	..	10
Not recorded	..	—
		<hr/> 174

Ways in which applicants have been helped :

	1956	1957
*By admission to Voluntary Homes or Hostels	4	37
By provision of clothing, cots and prams	10	41
By finding lodgings for mothers	4	11
By finding foster homes for babies	5	12
By finding work for mothers	3	5
By placing children in voluntary homes and nurseries	1	5
By helping mothers to obtain affiliation orders	2	6
By helping to arrange private agreements	1	5
By obtaining financial help through voluntary societies	2	2
By advice and guidance on questions of adoption, affiliation, matrimonial difficulties and personal problems	5	50
	<hr/>	<hr/>
Totals	37	174
	<hr/>	<hr/>

\*The fees paid to the Homes and Hostels were made up as follows :

City Health Department, savings and National Health Insurance .. .. .	6	
City Health Department and National Health Insurance .. .. .	6	
City Health Department and National Assistance Board .. .. .	1	
City Health Department and parents .. .. .	1	
City Health Department, parents and putative father	1	
City Health Department, savings and putative father	2	
	—	17
National Health Insurance and savings .. .. .	14	
National Health Insurance, employer and savings ..	1	
Refugee Society .. .. .	2	
	—	17
Children's Department and National Health Insurance .. .. .	2	
Parents, National Health Insurance and putative father .. .. .	1	
Parents and National Health Insurance .. .. .	1	
Savings, National Health Insurance and putative father .. .. .	3	
	—	7
		—
Total .. .. .	41	—

## Position with regard to children at the end of year :

### Actually in mother's care :

	1956	1957
1. Living with unmarried mother in her own home ..	—	3
Living with unmarried mother in parents' home ..	16	29
Living with unmarried mother in lodgings ..	—	20
2. Living with mother married to putative father ..	1	6
3. Living with mother married to another man ..	—	2
4. Living with mother in residential post ..	—	1
5. Living with parents cohabiting .. .. .	—	4

### Mother responsible for and has access to child :

6. Living with foster parents .. .. .	—	8
7. Living in private residential nursery .. .. .	—	—
8. Living in Voluntary Children's Home .. .. .	—	—
9. Adopted or placed for adoption .. .. .	10	30

Advised and helped before transfer :

10. Mother and child removed to another area ..	-	-
11. Mother moved before birth of child ..	-	2
12. Case referred to another agency ..	7	2
13. Died .. .. .	1	2
14. Miscarriages and abortions ..	-	2

Cases still in hand :

15. In care of Local Authority with or without mother	-	6
16. In Voluntary Home or Hostel ..	-	5
17. As yet unborn .. .. .	-	45
18. Present whereabouts unknown ..	-	2
19. Not recorded .. .. .	2	5
	<hr/>	<hr/>
	37	174
	<hr/>	<hr/>

### Adoption of Children (Regulation) Act, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1957 are as follow :

Total number of applications from persons wishing to adopt a child .. .. .	255
Number of above considered by Case Committee ..	105
Number of children offered to the Society with a view to adoption .. .. .	98
Number of children taken into Hostels under the direct control of the Society pending adoption ..	Nil
Number of children placed by the Society pending adoption in foster homes or hostels not under the direct control of the Society .. .. .	22
Number of children placed with a view to adoption ..	84
Number of orders made in respect of children placed by the Society .. .. .	76
Number of children withdrawn from adopters during probationary period .. .. .	4
Number of children placed by the Society for adoption and awaiting Orders at the end of the year ..	31
Number of children in hostels under the control of the Society at the end of the year .. .. .	Nil
Number of children at the end of the year in foster homes or in hostels in which they have been placed by the Society but which are not under the Society's direct control .. .. .	Nil

# NATIONAL HEALTH SERVICE ACT, SECTION 23 MIDWIFERY

## Midwives

During the year 1957, 136 midwives notified their intention to practise. Of these, 27 were municipal midwives, seven were midwives in independent practice in registered nursing homes and three in independent domiciliary practice, the remaining 99 were practising in maternity hospitals and maternity homes.

## THE MUNICIPAL MIDWIFERY SERVICE SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	Cases Attended	Gas and Air Administered	Pethidine administered	VISITS		
				Ante-natal	Post-natal	Total
1	353	322	107	2,250	7,257	9,507
2	253	230	102	2,203	6,237	8,440
3	251	234	119	2,453	5,644	8,097
4	146	133	96	1,061	2,967	4,028
5	210	185	128	1,488	5,253	6,741
6	297	269	134	1,870	6,919	8,789
7	213	182	128	1,537	4,909	6,446
Relief	48	45	39	336	884	1,220
Totals	1,771	1,600	853	13,198	40,070	53,268

Area 1. Aylestone, Southfields, Saffron Lane, Knighton, Clarendon Park.

Area 2. Braunstone, Westcotes.

Area 3. Braunstone Frith, New Parks, Abbey Park, Belgrave.

Area 4. Humberstone, Catherine Street, Gipsy Lane.

Area 5. Stocking Farm, Mowmacre, Loughborough Road.

Area 6. Northfields, Scraptoft, North Evington, Thurnby Lodge, Goodwood.

Area 7. Central, Crown Hills, Evington, Stoneygate.

The establishment of 28 was not maintained during the year and it was possible to secure the services of only one part-time midwife during the year. One of the full-time midwives remained on sick-leave through-

out the whole year. In another area, following the resignation of one midwife, it was many months before she was replaced and during this interim period one of the remaining midwives on the area was on sick leave for some time. Thus, in December, 1957, the number of effective midwives was 25, plus one part-time midwife.

The number of patients attended by domiciliary municipal midwives was almost identical with the previous year but the total number of visits had increased by 4,677. This is a tribute to the quality of our midwives, in that with the effective number decreased they not only attended the same number of cases as the previous year, but also paid 4,677 more visits.

A varying number of pupil midwives receive their district training with 14 of the municipal midwives approved for this work.

Pethidine was administered to approximately 49% of the patients, while 90% of the mothers received gas and air analgesia.

### Midwives and General Practitioner/Obstetricians

The following figures indicate the distribution of the work between the midwives and doctors concerning the 1,747 deliveries attended by midwives in the area during the year :

Deliveries attended by a midwife :

(a) (i) When a doctor was not booked but was present at time of delivery .. .. .	13
(ii) When a doctor was not booked and was not present at time of delivery .. .. .	254
(b) (i) When a doctor was booked and was present at time of delivery .. .. .	284
(ii) When a doctor was booked and was not present at time of delivery .. .. .	1,196
Total .. .. .	<hr/> 1,747 <hr/>

### Patients confined in Hospitals

The scheme of notification to the Health Department of patients discharged from hospital has continued in operation during the year.

It has not been found possible for hospitals to notify the Department 48, or even 24 hours before discharge, so that the notification is a verbal one with a written discharge note following by post.

All discharges before the tenth day are handed over automatically to midwives and also other discharges if the services of health visitors are not available.

It seemed during the year itself that the amount of unforeseeable visiting to be undertaken by midwives, especially at week-ends or bank holidays, was heavier than ever and this has proved to be so as the number of patients delivered in institutions and attended by domiciliary midwives on discharge and before the fourteenth day was 1,336, of whom 464 were before the tenth day. This is an increase of 315 over the previous year and the volume of this work is reflected in the increase of post-natal visits from 36,216 to 40,070.

Midwives have, therefore, accepted the suggestion that their annual leave periods should not be round bank holiday times.

The recommendations of the memorandum on ante-natal care related to toxæmia, of the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council are being implemented whenever possible by members of this department, whilst the midwives are making full use of the sphygmomanometers issued to them in 1956.

Midwives are still not accepting sole responsibility for patients having their fourth or more confinement and are ensuring that a doctor is booked for the case.

### **Flying Squad**

Midwives are allowed to act on their own initiative in emergency and the facilities were used twice during the year by a midwife alone and a further seven times when the doctor was also present.

### **Breast Milk Bank**

Twenty patients of municipal midwives donated breast milk to the Breast Milk Bank at the Leicester Royal Infirmary Maternity Hospital, Causeway Lane, whilst only one midwife asked for milk from the Breast Milk Bank.

## **NATIONAL HEALTH SERVICE ACT, SECTION 24**

### **Health Visiting and the School Health Service**

The co-ordination of these two services, agreed in 1947, continues as each new appointment to the service of a health visitor is made, but it is inevitable, while there are members of the School Health Service who are not trained as health visitors, that combined duties cannot be undertaken by this section of the School Health Service staff.

### **Preventive Mental Health**

In-service training was continued with a Psychologist giving lectures to Health Visitors and more intensive training in preventive mental health was included in the Health Visitors' Certificate Course.

Commencing in July, 1957, five sessions were convened by the Senior Medical Officer for Maternity and Child Welfare between a Psychiatrist from the School Child Guidance Clinic, Assistant Medical Officers of Health and Health Visitors.

Seven cases were discussed in all at these sessions when the Assistant Medical Officers of Health and the Health Visitors presented their problems and were given verbal advice and guidance by the Psychiatrist. It is hoped as a result of this small beginning that eventually truly preventive mental health work for the pre-school child will become available.

### **Training School for Health Visitors**

From July, 1948, to December, 1957, 232 persons have successfully passed their examination. Of these, 86 were bursary students and have joined the staff for a minimum period of 18 months. Some of them have remained for a longer period and others intend to remain on the permanent staff, whilst some independent students elect to join the staff after the termination of the course. Without the Training School we should not reach and hold our establishment figure (Health Department only) of 36 health visitors.

## NATIONAL HEALTH SERVICE ACT, SECTION 26

### VACCINATION AND IMMUNISATION

#### Diphtheria Immunisation

Facilities for immunisation against Diphtheria are available at all Child Welfare Centres at their weekly sessions and at Day Nurseries. There is a central clinic at the Milk Depot, 13 Crescent Street, which is open each Saturday morning and further immunisation sessions are held in Infants' Schools and a certain proportion of children are immunised by their own General Practitioner.

The following Tables show the number of children immunised during the year :

Number of Children immunised against Diphtheria

Under 1 year	1 year	2 years	3 years	4 years	Over 5 years	Total
13	37	6	12	76	331	475

Number of Children re-immunised against Diphtheria

Under 5 years	Over 5 years	Total
268	1,001	1,269

Number of Children immunised against Diphtheria and Whooping Cough (combined)

Under 1 year	1 year	2 years	3 years	4 years	Over 5 years	Total
652	1,844	252	122	52	64	2,986

Number of Children re-immunised against Diphtheria and Whooping Cough (combined)

Under 5 years	Over 5 years	Total
189	305	494

#### Vaccination against Smallpox

Under the National Health Service Act, facilities for vaccination are provided at the clinic premises at 13 Crescent Street each Saturday morning (when another clinic is also held). The requests for vaccination are very few, namely 80 children and 22 adults vaccinated and 16 adults and 3 children re-vaccinated.

## NATIONAL HEALTH SERVICE ACT, SECTION 28

The Health Visitor is taking on additional duties in the Department. She carries out the work of Tuberculosis Care and After-Care in her own district, and keeps in touch with the Tuberculosis Officer at the Chest Clinic.

In the absence of written information concerning discharges of patients from hospital, there is no routine method of follow-up and visits are paid only when a special request is made by the hospital staff. The exception to this arrangement is the after-care of children returning from hospital ; one health visitor is detailed to attend the hospital clinics with the Pædiatrician and by these personal visits and by telephone she supplies information required by the hospital and informs the health visiting staff of the wishes of the Pædiatrician.

One health visitor has continued to work in conjunction with the Royal Infirmary Diabetic Clinic and during the year paid 1,547 visits to patients suffering from this disease, advising them on their diet and on the many special problems that arose.

The methods of follow-up of maternity patients is detailed under Section 23.

## GENERAL

### Home Accidents

The department has worked in close collaboration with the Royal Society for the Prevention of Accidents. An effort was made to obtain some information concerning home accidents, but it was not at all successful until a method of ascertainment was devised in co-operation with the Chief Ambulance Officer. The department received particulars from the Chief Ambulance Officer of each person conveyed by the Ambulance Service to hospital after an accident. These, together with the home accidents which become known to the health visitors, form the nucleus of this enquiry.

In 1956, 73 such accidents were investigated, while in 1957, 202 accidents were investigated.

The following statistics are abstracted from the records for 1957 :

Age				No.
Over 80 years	..	..	..	13
70 — 79	„	..	..	15
60 — 69	„	..	..	19
50 — 59	„	..	..	11
40 — 49	„	..	..	19
30 — 39	„	..	..	8
20 — 29	„	..	..	6
15 — 19	„	..	..	4
10 — 14	„	..	..	8
5 — 9	„	..	..	23
4	„	..	..	8
3	„	..	..	17
2	„	..	..	16
1	„	..	..	22
Under 1	„	..	..	10
Not known	..	..	..	3
Total				202

### Circumstances at time of Accident :

Alone	Not alone	Not known
131	69	2

### Accident considered to be :

Preventable	Not preventable	Not known
104	96	2

### Type of injury :

Fractures .. ..	34
Bruises .. ..	17
Sprains .. ..	7
Dislocations .. ..	4
Head injuries .. ..	15
Lacerations .. ..	70
Burns .. ..	8
Scalds .. ..	24
Swallowing injurious fluids ..	4
Children taking harmful tablets ..	5
Taking tablets in excess ..	1
Throat obstructed by a wire ..	1
Dog bites .. ..	3
Epistaxis .. ..	2
Electrocuted .. ..	2
Coal gas poisoning .. ..	1
Undiagnosed .. ..	2
Not traced .. ..	2
Total .. ..	202

### Severity of Injury :

Not severe .. ..	123 = 60.9%
Severe .. ..	71 = 35.1%
Fatal .. ..	6 = 3.0%
Not known .. ..	2 = 1.0%

### Treatment :

Requiring hospital treatment ..	193 = 95.5%
Not requiring hospital treatment or died at home .. ..	9 = 4.5%

### 1. The fatalities were :

(a) A lady of 80 years, living alone, whose nightdress caught fire and she was found dead from burns.

(b) A lady of 75 years fell downstairs as the result of a sudden stroke, suffered head injuries and died in hospital.

(c) A lady of 76 years fell, fractured her femur and died in hospital.

(d) A lady of 63 years, living alone, fell into the fire and died in hospital of severe burns.

- (e) A lady of 45 years, crippled with disseminated sclerosis, and alone in the house, had fallen from her wheelchair into the fire in attempting to put more coal on the fire. She was dead when found and she had previously refused to go away from home.
- (f) A little boy of 10 months crawled out of his perambulator, crawled to a power plug, made contact with the live ends, and was electrocuted.

The lessons to be learned from these fatalities are self-evident.

2. An analysis of the 24 cases of scalds showed adequately the infirmities and accident proneness of the old and very young. Two cases were old ladies of 75 and 85 years respectively, whilst the remaining 21 cases were under 12 years of age. 16 cases were from eight months to three years and each of these 16 cases was the result of the child being allowed to pull cupfuls of hot fluid or the teapot over himself/herself.
3. An analysis of the eight cases of burns showed that the presence of a fire guard would have prevented injury to two children aged seven months and one year respectively. Similarly, the value of such a protection when there is an epileptic in the household would have saved an epileptic who, during a fit, fell into the fire and as a result of his burns lost his left eye. Despite it being an offence not to have a fireguard when there are young children in the house, this law is all too often honoured in the breach.
4. Five children under the age of three years were allowed access to harmful tablets, luckily with no fatalities, although three of the children ingested the highly dangerous (for children) ferrous sulphate tablets. Adults in the household should ensure all such tablets are out of reach and under lock and key.
5. The injurious liquids ingested by four children, under three years of age, were lysol, liquid paraffin, weed killer and dog medicine ; again with no lasting ill-effects of such carelessness.
6. The majority of the remaining accidents (110 cases) were the results of falling or slipping due to dangerous surfaces, poor lighting, imperfect staircases, or of balancing precariously on chairs, boxes, tables and sinks instead of obtaining the proper appliances.
7. The largest incidence of accidents is in the very young and the old or elderly, with the age groups 10-40 contributing only 26 cases, or 12.9%.

8. Of the 202 accidents investigated, 104, or 51.5% were preventable.

The above analysis shows that there is considerable scope for the prevention of Home Accidents and the necessary education for this prevention is, and will continue to be, a necessary part of the Health Visitor's duties.

### **Registered Nursing Homes**

Every effort is made to ascertain any unregistered nursing home.

It is the policy of this Department to refer to the Welfare Department premises where old people are cared for but which are not considered for registration as a nursing home.

### **Nurses' Bureau**

There are two Bureaux registered, one at 421 London Road and one at 31 Saxby Street.

T. A. I. REES

*June, 1958*

**TABLE 8**

**LIST OF**

**REGISTERED NURSING HOMES**

**(INCLUDING MATERNITY HOMES)**

ADDRESS					NO. OF BEDS
9 Mere Road	..	..	..	..	1
Stoneygate Nursing Home, Stoneygate Road	..				10
"Broadview," Goodwood Road	..	..		..	5
Central Nursing Home, 6 University Road	..				15
Sundial Nursing Home, Aylestone Road	..			..	20
St. Francis Private Hospital, 362 London Road	..				31
Springfield Road Rest Home, 35 Springfield Road	..				8
The Lawn Nursing Home, London Road	..			..	22
Dane Hills Convent	..	..	..	..	56
"Ava," Ratcliffe Road	..	..	..	..	11

# Maternity and Child Welfare Dental Service Report for 1957

by

C. A. REYNOLDS, L.D.S. R.C.S.(Eng.)  
Chief Dental Officer

The Local Authority dental service provides free treatment for school children and for expectant and nursing mothers and pre-school children and, to a limited extent, for the Emily Fortey School. The report on the treatment for school children, which is the main body of the work, is contained in the Report of the Principal School Medical Officer.

Although the staffing position was not as good even as in the previous year and the overall number of sessions thereby reduced, more time was devoted to the treatment carried out for the Health Committee—156 sessions compared with 129 in 1956.

## Maternity and Child Welfare

Treatment is carried out at the clinics at Richmond House, Overton Road and Cort Crescent. Patients are normally referred by the medical officers in charge of the ante-natal clinics and infant welfare centres, and the only routine inspections by dental officers are in the day nurseries.

Details and treatment are shown in the tables and for comparison the preceding year's figures are also given.

*Mothers.* The marked increase in the number of teeth extracted must be regarded as a good sign, for it shows an increasing confidence in the service since general anaesthetics have been the rule rather than the exception. Many mothers with hopelessly neglected teeth, who in the past would have refused treatment "for fear of the needle" are now willing to attend and are most appreciative of the service. The higher extraction figure will be reflected next year in the number of dentures provided. Meanwhile the number of dentures fitted is not appreciably different from that of the previous year ; 52 patients had dentures, 36 of them upper and lower dentures. The prosthetic work is carried out in the laboratory at the Overton Road clinic.

Conservation work has just about doubled and this is a healthy and welcome improvement. Nevertheless I should like to see far more fillings being done, but still too few of those with minor defects are referred for treatment. From the dental standpoint, these would be the ones most worth treating before the rot really sets in ; but no doubt in the referring medical officer's view, the most immediate need is to eliminate gross sepsis and thus the hopeless cases dentally are the ones on whom most pressure is brought to accept treatment.

In addition to the 49 scalings by the dental officers, 11 more patients were so treated by the dental hygienist.

Attendances of mothers numbered 736, but there were 218 failed appointments—80 more than in the previous year. This represents about 30 wasted sessions in all—time that could well have been spent in treating children attending day nurseries. Unfortunately, broken appointments cannot be anticipated !

*Children.* With the increased work for mothers and additional time which had to be spent on the work carried out at the Emily Fortey School, the work for pre-school children has had a set-back in the year and it will be seen from the treatment table that this has fallen upon routine filling work for the children at day nurseries. This is a great pity for this work had got well into its stride in the previous year, and it is to be hoped that there will be more time available in the year ahead.

All the nurseries were visited during the year by the oral hygienist to augment the instruction in dental care which is of course an important routine in the day nurseries.

**MATERNITY AND CHILD WELFARE SERVICE, 1957**

**(a) Numbers provided with Dental Care :**

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	186 (146)	186 (142)	195 (153)	110 (113)
{ Day Nurseries	106 (191)	54 (102)	29 (90)	20 (85)
{ Others ..	124 (136)	117 (124)	112 (122)	107 (119)
{ Total ..	230 (327)	171 (226)	141 (212)	127 (204)

**(b) Forms of Dental Treatment provided :**

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided			Radio-graphs
Expectant and Nursing Mothers	49 (40)	134 (68)	1 (-)	— (-)	1,209 (557)	96 (11)	Full Upper or Lower	Partial Upper or Lower		6 (6)
{ Day Nurseries	— (-)	103 (278)	2 (19)	— (-)	2 (34)	2 (10)	— (-)	— (-)		— (-)
{ Others ..	— (-)	32 (9)	2 (-)	— (-)	286 (291)	75 (69)	— (-)	— (-)		— (-)
{ Total ..	— (-)	135 (287)	4 (19)	— (-)	288 (325)	77 (79)	— (-)	— (-)		— (-)

(1956 figures in brackets)

## Report of the City Analyst for the year 1957

by

F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.  
(Public Analyst and Official Agricultural Analyst)

*To the Chairman and Members of the Health Committee :*

In composing the following report, the 29th since my appointment, I have realised the increasing difficulty of finding something to say which has not already been said many times before, and of introducing phraseology which does not sound so familiar that it scarcely bears repetition.

The inescapable truth of the matter is that much of our work is, in the very nature of things, largely routine and repetitive ; and the satisfactory and therefore most important results, probably 97.0 per cent of all examinations made, are the least interesting as news, the odd 3.0 per cent being instances of offences which are now by way of being hardy annuals, or regrettable lapses of a new kind.

Ideally it should be our ambition to be in a position to report that "the local water supply is consistently pure and wholesome, the air over the city at all times clear and bracing, and that everything is lovely in the metaphorical garden of foods, drugs, fertilisers, rag flocks, etc.". This state of affairs would save the tedium of writing further reports and the boredom of reading them ; it would indicate that the work of the past had now come to full fruition, that human nature had at last taken a turn in the right direction, and that the food adulterator had become as extinct as the highway robber of stage coach days.

However, just as crime fiction is highly popular with otherwise innocent people ; and just as the general appreciation, by goodliving folk, of novels based on the theme of human infidelity is an undoubted fact ; the modern analyst casts a wistful glance back to the days when his predecessor discovered that ground coffee consisted largely of acorns,

that peas were treated with copper sulphate, buns coloured with lead chromate, that cider was rich in lead and beer contained arsenic. Incidentally one wonders at the reaction of the first Public Analyst who discovered hops in beer !

In the meantime minor technical infringements of somewhat unimaginative Regulations, and the presence of "foreign bodies" in food-stuffs are the main stock-in-trade of the analyst, when he comes to write his report.

But the pendulum swings, and the menace of chemical additives and spray residues is with us—the Americans are stated to know of several hundred "chemicals" which either gain access to food, in spite of all precautions, or for which ingenious excuses can be made for introducing them into food !

The other current "bogey" is radioactivity which, like the chicken coming home to roost, returns to the earth as fall-out from man-made nuclear explosions, and constitutes a menace of, as yet, unknown magnitude to everything we eat, drink and breathe.

To cut short this digression, it is my humble duty to report, that with the willing and painstaking aid of my staff, we have again made full use of our laboratory resources to carry out, within our competence, but very conscientiously, all examinations necessary.

I should like to take this opportunity of thanking all colleagues in the Health Department whose duties impinge upon our own affairs, for their help and co-operation at all times.

It is also a welcome occasion to refer once more to the cordial relations that exist between ourselves and the Water Engineer and his staff, and to commend Mr. H. Grimmer, whose duties bring him to the laboratory daily, for the interest and enterprise he shows in his duties as Water Sampler.

It only remains for me to say how much we appreciate the time and earnest thought that the Health Committee have given to consideration of the appropriate action necessary to right such faults as it has been our lot to detect.

I have the honour to be,

Your obedient servant,

F. C. BULLOCK

13th June, 1958.

## STAFF

The staff position remains more stable, the only changes from last year, as recorded in the report for 1956, being the resignation of Mr. Astill and the appointment, in his place, of Miss Cronin.

All the younger members, both technical and secretarial, have shown keen interest in their respective duties and worked well.

Mr. Pike (Deputy Public Analyst), Mr. Cassidy and Mrs. Beedham have accepted the full responsibility of their various positions and given me every support in many directions.

In addition, Messrs. Pike and Cassidy have been particularly helpful in their Civil Defence duties, as Scientific Intelligence Officers, and made valuable contributions towards the success of monthly meetings.

Mr. Cassidy added prestige to the department by obtaining his final diploma of the R.I.C. at first attempt, and at a comparatively young age. He was appointed Deputy Public Analyst to Somerset County Council soon afterwards ; and when he takes up his appointment there, in August next, our loss will undoubtedly be their gain.

## CHANGES IN LEGISLATION DURING 1957

### Public Analyst's Regulations, 1957, S.I. 1957, No. 273

These regulations cancelled those of 1939, as from 27th May, 1957.

The qualifications required for a Public Analyst appointment are unchanged, but the form of the Public Analyst's Certificate is modified, to take account of the needs of the Food and Drugs Act, 1955.

### The Colouring Matter in Food Regulations, 1957, S.I. 1957, No. 1066

These regulations became operative, in part, on 1st July, 1957 ; and come fully into effect by stages, being completely in force on 30th June, 1959.

Only listed colours may now be used, and these comprise thirty coal tar dyes ; a number of natural colouring matters, such as carotene ; and a few inert, inorganic substances, including iron and titanium oxides.

As a measure of public health the provisions are excellent, eliminating from use in foodstuffs certain dyes which were suspected of having carcinogenetic properties or other effects inimical to good health ; but in view of the very considerable amount of extra work involved in examining food stuffs for compliance with these regulations, the statu-

tory instrument could very aptly have been numbered "No. 1066 and all that"—in allusion to the research work which may be necessary to identify a forbidden synthetic colouring matter, should one be encountered in any food sample.

**The Labelling of Food (Amendment) Regulations, 1958. S.I. 1958, No. 717**

This instrument came into operation on 3rd May, 1958. Quoting from the explanatory notes supplied to indicate the general purport of the regulations :

"These amending Regulations revoke Article 8 (*d*) of the Labelling of Food Order, 1953, thereby removing the regulation that no liquor shall be labelled as a cocktail, or as a mixture containing spirit, unless it contains not less than 40 per cent proof spirit".

Public Analysts were opposed to this revocation—taking the view that if manufacturers could maintain the standard of not less than 40 per cent proof spirit in cocktails, etc., when there was a shortage of supplies of all raw materials, there was even less hardship today involved in a manufacturer working to that standard ;—it was therefore pointless to deprive consumers of the protection which they had enjoyed when Clause 8 (*d*) was in force unless some compensating advantage could be anticipated. Public Analysts do not consider that freedom for a limited trade interest to sell what they like so long as it is presented attractively, is such a compensation. There may also be opposition from competitive trade interests.

It is true that the consumer will still have some protection, in that the alcoholic strength will have to be indicated on the label—but experience has shown that there is considerable scope for evasive action when designing labels ; and it is fairly safe to assume that the type of manufacturer whose ingenuity produced the unpalatable, unstimulating and altogether unholy concoctions, during and immediately after the war, will, if he is still in business, find some way of complying with the wording of these regulations—while flouting the spirit thereof—if "spirit" is not an entirely inappropriate word to use in this connection.

The Public Analyst consistently takes the simple line that the interests of the consumer are paramount. From that point of view, the present regulations in his opinion are retrograde. Supposing a purchaser has mastered the mysteries of "degrees of proof spirit", or "degrees under proof", etc., and could size up by reading the labels, which brand of cocktail is likely to be the best value, when he was purchasing a bottle—what is his position when he purchases a cocktail by the glass, in a

saloon bar ? Is he going to hold up the rush-hour trade, while he politely requests facilities to peruse the labels on a few bottles, before he places his order ? He would need the courage-inducing effect of more cocktails than his purse could afford, to do this, and he would receive as little sympathy from his fellow imbibers, as from the bartender.

There may be a widely-held opinion that anyone who buys cocktails as such is not worth protecting, and that the man who cannot specify his own prescription in terms of basic ingredients deserves what he gets. Professionally, the Public Analyst cannot be party to such a theory. He foresees the possibility of a return to war-time sharp practice, when red pepper and chloroform were used to give a semblance of potency to very uninteresting drinks.

It may be that the hypothetical manufacturer of rubbish referred to above has indeed gone out of business ; but we think that a considerable hazard has now been removed from his path, and that in the present relaxation of regulations he may see an opportunity of staging a worthwhile comeback.

If this type of easing off of controls in favour of manufacturers is part of a general policy, as appears to be the case, perhaps we should be kind enough to welcome the policy as an enlightened experiment, well worth trying, and which we all would certainly like to see succeed as an indication that Utopia is perhaps not so remote as we imagine.

More realistically, we have grave doubts whether the social conscience necessary to accept and meet the challenge of "do as you please" is yet adequately developed or is likely to be in the foreseeable future, in the face of competition at home and abroad and the ability of modern advertising to sell almost anything. Most food manufacturers are no better and no worse than any other section of the populace ; but disciplines are necessary to control all classes of the community who have a responsibility to others (including motorists for instance) and it is not until we can do without locks, bolts, bars and traffic control signs that Standards, or Codes of Practice, or a check of some kind will be superfluous in ensuring the quality of food stuffs.

Although traffic control signs may appear irksome, at times, to the individual motorist, they are of course intended for the general good, including that of the motorist himself. Likewise a correct food standard is not restrictive in order to hamstring the manufacturer ; a guaranteed standard not only protects the consumers, who incidentally include manufacturers, but disarms criticism and increases mutual confidence and respect between manufacturers and consumers. It is apparent, at

the present time, that isolated manufacturers can have very little respect for the consumers of their products.

The word "Standards" in relation to food-stuffs has been bandied about so much ; and in recent years has become the operative word in so many arguments, that it is now associated with a certain degree of prejudice in the minds of some, including perhaps even those who favour the principle of quantitative control. Nevertheless it seems entirely reasonable to the present writer that compound foods, such as soft drinks, sausages and ice-cream—to mention a few which are consumed today on a very big scale and whose composition can be varied according to the whim of the manufacturer—should attain at least some threshold composition equivalent to a minimum quality of dietary excellence below which they would come into the category "not of the nature, substance and quality expected by the purchaser".

Standards exist at the present time controlling the composition of Soft Drinks, and they are proving extremely useful ; for many of the public themselves fail to appreciate the difference between neat orange juice and an artificially coloured dilution in tap water, containing only 3.0 per cent of orange juice. Moreover some manufacturers have not been particularly helpful in making their labels and advertising matter fully informative as to the truth. One brand of orange drink received for examination was described as "Orange Juice" whereas it contained less than 5.0 per cent of actual fruit juice ; and another brand was described, in a prominent newspaper advertisement as containing "lots of whole fresh oranges". We asked the firm responsible for this optimistic pronouncement at least to leave out the word "lots".

A recent attempt to reintroduce a standard for sausage proved abortive ; the Food Standards Committee recommended the standard in their last report on this subject, but the Minister pronounced it as unenforceable. Now just as fruit is the characteristic ingredient, and no doubt the most expensive one in a large class of soft drinks, and must be present in a certain accepted minimum amount, so the meaty part, which gives its essential character as a food-stuff to the sausage—for people use sausage as a meat food—should in all honesty constitute a certain minimum percentage of the whole sausage, so that consumers shall know the probable lowest meat content to expect in any sausage they buy. The spice or seasoning is no doubt the most costly ingredient, but spice is present in trace amount only, and the meat remains the essential ingredient. "Sausage and Mash" is surely analogous to "Steak and Chips", "Tripe and Onions" or even Mr. Pickwick's "Chops and Tomato Sauce", but the prestige of the sausage will remain precarious

until it is fairly established by law in the category of a meat food, by being recognised to contain a standard minimum meat content.

Likewise, although we all know the word "cream" can mean anything from boot polish and shaving preparation to sherry; and in relation to sherry is applied shamelessly to the foulest British brews as well as to the most highly prized vintages procurable; and though it is equally true that due to the ravages of war, cream is woefully absent from most modern ice cream; yet the welcome, howbeit unambitious Statutory figures instituted for fat, sugar and milk solids some years ago, established ice cream as an important trustworthy article of diet. The standards have been amply justified in giving manufacturers a definite level of quality to attain, and in providing for the consuming public a valuable article which at least puts more calories into the system than it takes out of it. The Ice Cream Order was considered to be an experimental try-out when first introduced; and in the light of experience gained since then, recommendations have been made for modifying the standards slightly, and in providing for a new grade of Dairy Ice Cream, the fat content of which will be pure butter fat.

Whether or not this recommendation will see the light of day under the present policy remains to be seen, but the arguments appear to be all in its favour.

Other minor Orders became law during 1957, and the Fertilisers and Feeding Stuffs (Amendment) Regulations, 1956, became operative on the 1st January, 1957 (see 1956 Report).

The Food Standards Committee issued, in December, 1957, a "Report on Fluorine" giving revised recommendations for limits for Fluorine content in foods.

Two important books were published in 1957 relating to our work.

(a) The 13th edition of Bell's *Sale of Food and Drugs* (1956), pp. LXIV+931. The increased size of this volume compared with the earlier editions is an indication of the increasing complexity of the law on Foods and Drugs. In this volume the author, Mr. J. A. O'Keefe, Barrister-at-Law, has provided for all those who are engaged in the administration of Food and Drug Law, a most valuable and authoritative publication; he has already followed up with a supplementary service volume, bringing the subject up-to-date to 1st January, 1958.

(b) *The British Pharmacopœia*, 1958, pp. XXVI+1012. This new edition is a drastic revision of its predecessor of 1953, and contains many additions and deletions. It becomes operative on the 1st September, 1958.

Before reporting specific samples in which sundry defects were found, one or two other more general matters will be briefly recorded.

## The Flour (Composition) Regulations, 1956

Flour, and bread made from it, form for many people the main bulk of their diet, and may therefore be considered as a convenient route for introducing into the diet certain trace substances known to be necessary for good health, but which experience has shown are deficient in the normal diet of many people. Wholemeal flour contains significant amounts of these substances, but white flour, and the bread made from it, do not. With typical human perversity most people prefer white flour and white bread ; and since the psychologists say it is better that people should eat what they enjoy most, and the nutritionists agree provided that deficiencies are made up in some part of the diet, the Flour Regulations meet this situation by providing that all flour, whether brown or white contains in 100 grammes :

Iron . . . not less than 1.65 mgms  
Vitamin B<sub>1</sub> . . . not less than 0.24 mgms  
Nicotinic Acid . . . not less than 1.60 mgms  
and that 100 grammes of white flour should have added to it  
between 235 and 390 mgms of pure Chalk.

These substances are introduced, to the extent that they are naturally deficient, into the white flour as a process of enrichment. The engineering problem of "mixing the ounce with the ton" is considerable, and efficient control by frequent analysis is necessary.

Microbiological Assay is the technique used for Nicotinic Acid estimation. It is a type of animal experiment for which a vivisection licence is not necessary, and therefore can be employed by Public Analysts. Microbes for economy and convenience are the animals used ; and since millions of them take part in every experiment the results obtained have a high statistical significance.

The technique is naturally not a routine one in laboratories designed for chemical analysis. We received the permission of the Health Committee to acquire the necessary apparatus and media, and have given it a trial. After a few teething troubles the process proved to give satisfactory and reasonable results.

During the year 22 samples of plain flour were submitted to full analysis with the following results :

Total number examined	..	22
Total number satisfactory	..	7
Deficient of Chalk	..	7
Excess of Chalk	..	2
Deficient of Nicotinic Acid	..	4
Deficient of Aneurin	..	7
Deficient of Iron	..	4

Nine of the samples were thus deficient in two respects. While these results may be considered, from one point of view, to reveal an unsatisfactory state of affairs, it is to be recognised that the experiment is a nation-wide one and therefore on a big scale, and that it will take time for those responsible for the enrichment process to gain experience. In the meantime the Order has had the effect of making good at least some of the deficiency of these important trace factors to the bulk of the population.

## RADIOACTIVITY

A comparatively new hazard to public health, and one which is in the minds of everyone today, is radioactivity. In as far as it renders food-stuffs or public water supplies injurious to health, it will, in its technical aspects, become the concern of the Public Analyst and the Water Examiner.

A sharp local reminder that this hazard is more than a theoretical possibility was given in October, 1957, following the mishap at Windscale. We had in our possession—as routine Atmospheric Pollution specimens—the daily smoke filters, which covered the period before, during and after the involuntary release of radioactivity there; and following a timely hint received from the L.C.C., we had these filters examined for radioactivity at the local Technical College, which is equipped for that type of work.

A sudden rise above the normal level of radioactivity was found to have occurred in this area, about 11th October, soon after the Windscale accident. A well-defined maximum occurred, and the normal background level of activity was only reached again seven days later. Locally, there was no danger to health at any time, but the potential hazard was confirmed, and presumably will, in the foreseeable future, be always with us. We are acquiring instruments with which to make independent observations in the future.

## FOOD SAMPLES

*(Defective in Composition or Labelling)*

(a) Samples containing foreign bodies :

### **Red Cheddar Cheese No. 3067 (S.378)**

This sample consisted of a single block of cheese into one surface of which six small black pellets were embedded. Microscopical examination

confirmed the complainant's view that they were mouse faeces. The vendor's premises were visited by the food sampling officer, who discovered there conditions of excessive rodent infestation. Charges are now pending under the Food Hygiene Regulations and the Food and Drugs Act. (Conviction obtained).

#### **Bread No. S.348**

Half of a round of a pre-sliced loaf was submitted by a private person. Deposited on the surface of the bread was a dark-coloured spindle-shaped object weighing about  $\frac{1}{3}$  grain. Microscopical examination indicated this material to be rodent faeces, probably that of a small rat. Adherent coagulated dough on the surface of the faeces indicated that it had been baked in the loaf.

The person submitting the sample stated that she was unable to remember the source of the loaf ; follow-up investigations were therefore not possible.

#### **Biscuits No. S.356**

A penalty of £10 was imposed in this instance, on the manufacturer of a marshmallow, coconut covered, biscuit, because of the presence of mouse droppings. It is probable that the offending foreign matter gained access to the article via the coconut used. The manufacturers pleaded guilty.

#### **Bread (Wrapped Pre-Sliced) No. S.366**

It is most desirable that bread destined for wrapping should be well cooled before being enveloped in waxed paper ; otherwise the conditions are favourable to mould growth. This sample was a case in point ; mould growth was evident on one side of each of four slices of the eight slices of bread submitted.

The vendors were informed and investigations were made into the conditions of production. The loaf was baked in an out-of-town bakery, and the producers supplied evidence satisfactory to us that the problem was thoroughly investigated, and the trouble was unlikely to recur.

#### **Non-brewed Condiment No. S.355**

For readers not up-to-date in these matters "Non-brewed Condiment" is the name now applied to what was called "Vinegar" formerly, made by colouring diluted Acetic Acid with burnt sugar.

Vinegar eels are not often found in non-brewed condiment, as in this sample ; they are more likely to be associated with malt vinegar, since

lower forms of life are often more discriminating than humans ! It is possible that this sample was drawn from a barrel which had previously contained malt vinegar ; or conceivably it may be interesting evidence of the adaptability of Vinegar eels.

It is usually believed that Vinegar eels are considered harmless to human beings, but their presence, in any number, is undesirable.

#### **Cooked Sausage No. S.347**

A small piece of greaseproof paper, some two inches square, was found in a sausage by a diner at a local canteen. From the appearance of the sausage and the folded, contaminated, condition of the paper, the latter had been embedded in the sausage before the cooking process.

The sausage was a canned variety, of foreign origin ; and the presence of the paper, though considered by the complainant to be a matter of sufficient import to bring to the attention of the Health Authority, could not be held to render the food unfit for human consumption.

#### **Plums (Canned) No. S.377**

The sample consisted of a portion of canned plums, to which had been added a little evaporated milk ; it was presented for examination in the original tin container. Two grubs—the subject of the complaint—were observed to be present.

Although grubs are a natural hazard with fruit, we agreed that their presence was objectionable and rendered the sample not of the quality expected by the purchaser.

#### **Peppermint Sweets No. S.376**

Two peppermint creams constituted this privately presented sample. Adhering to the base of one was a small thin piece of wood approximately  $\frac{9}{16}$  in. by  $\frac{1}{8}$  in. Examination indicated that although not embedded in the sweet, the foreign material had been “come by” in the course of manufacture.

Communication with the manufacturer established the fact that this foreign material originated from certain wooden apparatus used in the manufacture of the sweets. The producers volunteered to re-equip their plant, eliminating the type of wooden trays from which the fragment of wood had been derived.

#### **Demerara Sugar No. S.375**

Debris in the form of string and jute fluff was the foreign material found in this sample. We reported that the presence of such material

was undesirable and potentially injurious if the sugar came to be incorporated into puddings and cakes.

#### **Fruit Pie No. S.372**

This sample was a fruit pie in a mouldy condition and heavily contaminated with ants. Since the storage conditions were at fault, a fine of £10 was imposed upon the vendor.

#### **Bread No. S.373**

"It is just one of those things" was the comment made when a fine of £5 was imposed on the baker of a loaf which we had certified as "unfit for human consumption". The centre of the loaf was discoloured green and brown and had a strong camphoraceous odour. A channel extended obliquely to the outside of the loaf and was impregnated with the same material.

Despite exhaustive inquiry the baker was unable to explain the presence of this obnoxious substance. It almost certainly consisted of camphorated oil, but since this was not known to be used in the bakery it was not easy to see how, short of malice, it had gained access to the loaf. All operatives wore special pocketless overalls to minimise the accidental inclusion of dropped articles in the bread, and other similar precautions seemed to have been taken.

#### **Bread No. S.370**

The sample consisted of a small brown loaf, from which the end crust and four slices had been cut. In cutting the last slice a small red foreign body had been revealed. Microscopical examination indicated that the object consisted of a felted mass of processed wood fibres, similar to those used in paper production. The fibres were dyed red and some of this dye had permeated into the surrounding crumb.

When advised of this irregularity the bakers made an investigation of their plant and found it necessary to renew the flour sieves.

#### **Brown Bread No. S.363**

This sample was submitted on the 2nd of July because it showed blackened streaks when sliced. On close examination in the laboratory these blackened streaks appeared to be in the vicinity of "plugs" of white crumb embedded in the normal brown crumb of the loaf. Undoubtedly this appearance was due to the inefficient cleaning of the dough mixing plant between making batches of white dough and brown dough respectively. The fact of the presence of machine grease provided justification for the Authority to caution the baker.

An almost identical instance occurred on the 1st of August in connection with the brown bread of another local baker (S.369). This producer, on being approached, stated "we think the 'plug' is a piece of white dough which had remained behind on some part of the plant on a run earlier in the day and became detached when whole-meal dough was going through."

In both cases the bakers undertook to tighten up their bakery discipline ; but from many similar experiences we have had in recent years, it appears that this is not always an easy matter.

#### **Brown Bread No. S.360**

This sample consisted of two slices of brown bread on both of which was a small blob of black grease. A complete overhaul of the plant was undertaken by the baker to attempt to rectify this irregularity.

#### **Wheatmeal Bread No. S.345**

Submitted as "unpalatable", the appearance of the bread was abnormal in that throughout the four slices submitted, there were dark patches of a tougher consistency than the normal crumb of the loaf, and these patches were heavily impregnated with iron compounds. The trouble was traced to an iron chute in the plant which was normally cleaned once a day and lightly treated with mineral oil. It was discovered that part of this chute was inaccessible and could have escaped cleaning, and it was probably from this that the iron compounds had been rubbed into the dough. It was proposed to replace this component with a stainless steel chute.

#### **Block Salt No. S.352**

This sample contained dark material which appeared objectionable to the purchaser. Examinations proved the presence of iron compounds, and eventual communication with the manufacturers confirmed our presumption that the foreign material was "pan scale", the presence of which is always possible in block salt.

#### **Labelling and Advertisements**

Six instances of incorrect or insufficient labelling of food products were dealt with during the year. All instances were concerned with the statement of the list of ingredients.

In two cases (Mixed Pickles No. 1420 and Piccalilli No. 1421) a list of ingredients, as required by the Labelling of Food Order, 1953, was omitted.

Two samples of Christmas Pudding were submitted (Nos. 2909 and 2912) in which the statement of ingredients was obviously not worded in the correct quantitative order.

The labelling of Glacé Cherries was also criticised ; these were stated to contain "Cherries, Sugar, Preservatives and colour", whereas a content of Liquid Glucose was detected.

### **Samples of Deficient Composition**

#### **Pork Sausage No. 1207**

Although no legal standard exists for sausage, it is still considered by Public Analysts (and many manufacturers) reasonable for Pork Sausage to contain a minimum of 65 per cent of meat. This sample contained only 56.1 per cent of total meat ; the producer attributed this deficiency to inefficient mixing, a statement that was substantiated by the fact that a formal follow-up sample contained 69 per cent of total meat.

#### **Raspberry Vinegar (Factitious) No. 2321**

Raspberry vinegar, although used for culinary purposes, is also considered to have medicinal properties by some people. It is therefore, according to conditions of use, a food or a drug, and this gives rise occasionally to anomalies in labelling.

Regarded as a food, the list of ingredients in descending quantitative order needs to be declared. Regarded as a drug (and since it is not a drug of official standing) the actual formula must be stated.

The sample in question was labelled in such a way that the packer evidently intended it for the requirements of those people who use Raspberry Vinegar for its medicinal properties. On this basis he had declared 6.0 per cent Acetic Acid content, whereas our analysis only indicated the presence of 5.0 per cent Acetic Acid.

In the circumstances we considered the offence as not particularly serious, but the principle remains that if a manufacturer makes a voluntary statement he must expect to be criticised if it proves to be false.

#### **Egg and Milk Sweets No. 2138**

Examination of this sample indicated that it contained a maximum of only 4.4 per cent of liquid milk and 1.16 per cent of whole liquid egg. The opinion was therefore expressed that there was insufficient of either of these ingredients to substantiate the designation of the sample as "Egg and Milk Sweets".

### **Grapefruit Crush Nos. 2386 and 1986**

These two samples originated from the same manufacturer and contained 94 and 87 parts per million of sulphur dioxide respectively, whereas the maximum permitted for such ready-to-drink products is 70 parts per million. Investigations proved that the manufacturers in their desire to prepare a high quality product were using more of the fruit concentrate than required to give a minimum fruit juice content. Since the fruit concentrate contained the calculated amount of preservative to provide not more than 70 parts per million of  $\text{SO}_2$  on the recommended dilution, this limit had been exceeded when the fruit juice content of the product was increased.

We always try to be fair to manufacturers ; and such instances as this are salutary in reminding us how difficult it must be for manufacturers always to do the right thing !

### **Glucose Stout**

It is a common, and perhaps universal experience that no sharp line of demarcation divides the good from the bad, the right from the wrong, and so on, and certainly in reporting on food-stuffs, a considerable no-man's-land exists for dubious samples—which, while they may be legally “genuine”, are open to a certain amount of criticism.

Very definitely in this category are to be placed the so-called “Glucose Stouts” and “Milk Stouts”. These are ordinary stouts, into which traces of about 1 per cent dextrose or lactose have been introduced—purely for the purpose of salesmanship—the energy value of the added sugar being ruthlessly exploited by the manufacturer out of all proportion to its intrinsic value.

The description “Milk Stout” has, for some time, been illegal, since the term is quite untrue, but milk churns are still included in the design on the label of the bottles by at least one firm—and the public are not, as far as I know, discouraged from asking for “Milk Stout”, a habit they acquired some years ago.

We were interested to examine these samples, because of a complaint from one brewer that his sales of “stout” were being prejudiced at a local club by the inflated demand for the “glucose stout” of a competitor. This was interesting, since in the past, manufacturers have not usually approached Public Analysts—stating that they did not want any protection from other firms.

Apparently the demands for this special stout, as a result of “on site” advertisements are very great, and we could neither get the individual

brewers to discontinue the practice, nor the Institute of Brewers to give any help. As a final measure, the writer decided to take a leaf out of the copy book of the manufacturers themselves, by calling upon one of the human emotions ; but whereas advertisers often play upon the human attributes of fear and vanity, in endeavouring to increase the sale of their goods—we tried to make an appeal to their sense of shame ! It was never anticipated that anything that I could say or write was likely to have the Goliath-killing effect of David's pebble, but the writer had some satisfaction in having an article printed in the *British Food Journal* under the title "Good Honest Beer", and was somewhat intrigued that no attempt at rebuttal came from any brewer. The first and last paragraphs were as follows :

1. "If any one beverage is characteristic of this country surely it is Beer. It is the British counterpart of the wine of France, the lager of Denmark, the whisky of Scotland. It has built up a reputation over the centuries, winning for itself the popular and seemingly apt description of 'good, honest British beer'. Whether or not stout has quite the same tradition is not certain, but it is a similar beverage, produced by the same processes, from similar raw materials ; and for those who prefer its ruby tint, its creamy froth and perchance its greater smoothness, it is, no doubt, held in equally high respect. Just as the lily needs no painting, and the guinea no gilding, so beer needs no embellishing ; and it would have been unthinkable, up to recent years, for beer to be made a vehicle of the current popular upstart wonder substance—glucose—as it would for champagne to be made a vehicle of sel d'Epsom, or Scotch whisky to be put up containing a barbiturate preparation.

.....

2. In short, Public Analysts regard "Glucose Stout" and variants of "Milk Stout" as catchpenny lines, directed towards a gullible section of the public. They constitute a sad debasement of our national beverage, and bid fair to make a travesty of what, to all reputable brewers, must be a cherished expression—'Good, honest Beer'."

#### (a) Drug Samples of Defective Composition

##### Almond Oil Nos. 1990 and 2653

Both of these specimens of almond oil were obtained from the same source and consisted of an informal sample and a formal follow-up sample. Examination proved that both specimens yielded identical analytical results and that they contained a proportion of arachis oil, a turbidity being produced at 20°C whereas, in the test for absence of arachis oil of the B.P., no turbidity should be produced above 4°C.

The vendor had purchased this oil in small pre-packed bottles from a wholesaler who, unfortunately, could not trace the origin of the oil owing to a multiplicity of purchases from a number of suppliers. The wholesaler, however, offered to recall any further bottles of almond oil packed by him if they could be located ; and stated he was checking his records to enable this to be accomplished.

#### **Aminat Powders Nos. 897 and 1965**

The formula of this product contained Aspirin, Phenacetin, Caffein and Phenolphthalein. Analysis indicated deficiencies of the first two components and excesses of the latter ingredients. In neither instance of the excess of Caffein or Phenolphthalein did the dose approach the minimum dose of the B.P. and so no harmful medical effect could be substantiated.

The manufacturers regretted the great deviation of the composition of the product from the declared formula and suggested that the error could arise in the sieving process due to the different textures of the different ingredients. A promise to improve the process and technique of mixing was made.

#### **Ammoniated Tincture of Quinine No. 260**

Respective deficiencies of 6 per cent and 28 per cent of the required anhydrous quinine and ammonia contents were found in this sample, which proved to be the last of some old stock. A formal sample was a specimen of new stock, and this conformed to B.P. specifications.

#### **Cold and Influenza Specific Nos. 2516, 2679 and 1985**

The declared formula of these samples (all of the same origin) gave a chloroform content of 0.312 per cent v/v, whereas only an insignificant trace could be detected in any of the samples. The chlorine content of the mixture was determined and found to exceed that expected from the stated recipe. This was taken to indicate a possibility that the chloroform had originally been added, but had been lost during packing and storage.

The compounders of this preparation examined the product themselves and agreed that there was a deficiency of at least 99 per cent of the chloroform which should have been present. Also an assurance was volunteered that they would take immediate steps to obviate this trouble either by varying their method of production, or by altering the formula itself so that their product would conform to any standards laid down.

### **Halibut Liver Oil Capsules Nos. 973 and 1966**

The samples showed deficiencies of 33 per cent and 20 per cent respectively of the declared Vitamin A content of 4,500 International Units. This declared Vitamin A content is greater than that required by the B.P. (3750 I.U's) so that in spite of these deficiencies the official B.P. limit was closely approached. Nevertheless the manufacturers were acquainted with these deficiencies found in their product, which they were able to confirm on samples obtained by themselves from the same vendor. In a further communication they stated that the capsules were apparently in perfect condition and so had obviously not been subjected to heat. The theory was proposed that they had been allowed to become damp. A moist gelatine shell will transmit oxygen thus providing conditions conducive to the deterioration of the Vitamin content.

### **Tincture of Iodine No. 347**

This sample consisted of a half ounce phial of Tincture of Iodine which proved to contain an excess of 36 per cent of the required iodine and potassium iodide contents, due probably to evaporation of the solvent. An attempt to obtain a follow-up sample failed owing to expiry of the stock ; the vendor stating that he had discontinued business with the supplier, having found them unsatisfactory.

### **(b) Drug Samples submitted with Defective Labelling**

It is unfortunate that once again it is necessary to remark upon samples of medicinal tablets supplied to the public in an unlabelled condition ; four such instances must be recorded.

Provided no recommendation as a medicine is made, either written or oral, then many medicaments such as soda-mint, sulphur and aspirin tablets, can legally be sold in unlabelled packets. In the interest of public safety it is our opinion that all such preparations should be properly identified by correct labelling ; and the co-operation in this matter, of all vendors of such products is desirable. It is gratifying to record that the Leicester branch of the Pharmaceutical Society has circulated its members to this effect.

Incorrect and inadequate labelling was reported against in the case of a sample of camphorated oil. The sample was packed in a smooth clear glass phial, and in addition bore the following legend "Camphorated Oil is a stimulant and rubefacient and is of great value in bronchitis and colds on the chest".

This statement is not precise in its implications and does not preclude the oral administration of the product. It is to be noted that the B.P.C.

1954 draws attention to the possibility of accidental administration of camphorated oil with possible fatal consequences. In this instance a recommendation was given that the product be packed in "fluted" bottles and labelled "For external use only" in accordance with the current ethical practice.

Exaggerated claims were reported against, with regard to the slimming properties of Cider Vinegar, and the energy-producing action of caffeine-containing "pep" tablets. Reference must be made to our 1956 Report for a detailed discussion on such products.

### MISCELLANEOUS SAMPLES EXAMINED ON BEHALF OF PRIVATE PERSONS

One hundred and seventy-three samples were submitted under this heading, and are summarised in Table I.

These samples are usually submitted in order to obtain some specific information, and often prove of great interest to members of the laboratory staff. In the notes below some of the problems posed are briefly mentioned :

Bismuth carbonate was submitted by a chemist who discovered the label was missing from his bulk stock, and wished to prove its identity.

Subsequent to a complaint from a member of the public, ten samples of bread were submitted by a large bakery, for examination for extraneous iron obtained from chutes on the dough-handling plant.

Samples of coffee flavouring were examined to establish the suitability of using a plastic container for its sale to the public.

Five samples of lollipops were examined bacteriologically for a local newspaper. These samples, of the home-made variety, were obtained from shops of lesser repute. All were reported by us to be of high bacteriological quality.

A sample of some material thought to be wine, and nearly consumed as such, was found to be an oily polishing preparation.

Two samples of spirits were examined on behalf of a working men's club, and found to contain added water.

Two samples of sodium hypochlorite bleach solution were examined for excessive alkalinity, following a domestic accident, in which facial injuries were caused by splashes of the preparation.

Three samples of food colours were examined for their suitability for use in soft drinks.

A container submitted for its suitability for storage of liquid egg was rejected, since it was constructed from galvanised iron.

Twenty-one samples of animal feeding stuffs were submitted by a local firm for routine quality control.

Material forming the basis of domestic fire-lighters was submitted for compositional analysis, so that conditions of storage could be determined. It was found to consist of saw-dust and paraffin wax in equal amounts.

Two samples of rubber latex were examined for copper content.

The spirit solution was examined for the presence of methyl alcohol—this information being required to determine if the substance was subject to spirit duty. Methyl alcohol was found to be present.

## WATER

During the past year normal sampling and analysis of the water from the local reservoirs, and at selected points along the supply mains, continued. Over 3,000 miscellaneous samples of water were examined in all, they are itemized in Table W. We were able, once again, to approve all samples representing water as supplied to the consumer, to be safe and satisfactory for drinking purposes.

Our check of the quality of the drinking water was “aided”, during the year, by over sixty discerning members of the public, who lodged criticism as to their supply with the Water Department. Complaints were received of water making poor tea, of being dark brown, of having a blue colour, being milky in appearance, and containing so-called insects. A novel complaint arose from the use of new materials for service pipes—an alkathene pipe was laid in an old gas main, and the pipe absorbed residual gas, transmitting to the water a very unpleasant taste and odour. All the “grumbles” were fully investigated, and appropriate advice given.

In addition to the testing of new mains for sterility, a number of water samples from old distribution mains, including some from the Barkby Village area, were examined for iron content. Cleaning-out of the mains improved the quality of the water.

The results of experimental work on the pilot scale at Hallgates during 1956 were utilised in June this year, when full-scale chemical treatment of Cropston water at Hallgates Filter Station commenced, as the first phase of the Centralised Filtration Scheme. The process has given a satisfactory supply of water of good colour, and safe bacteriological quality. Normally Cropston water is now mixed with Derwent water, before distribution to the public.

Considerable development in treatment and distribution are in hand, and are now well advanced. A detailed account of the changes involved, as far as they have progressed up-to-date, will no doubt be found in the report of the Water Engineer. Some of these changes, including the installation of micro-straining at Cropston, and the substitution of pressure filtration in place of the old slow sand filters for most of the Charnwood water, are of great interest. When the change-over is complete, and initial troubles have been liquidated, not only increased efficiency and economy should result, but greater reliability and flexibility in the supply will be obtained, and perchance a better quality water for the consumer. Pressure troubles, which have been encountered in some districts in recent years, should disappear, and a more uniform type of water, from the point of view of hardness, should be delivered to most consumers.

The seasonal algal bloom of the local reservoirs appeared in the Spring and Autumn, necessitating many doses of algicide. During May and June a large growth of a species not previously met, appeared in Thornton reservoir, and was identified as *Oocystis pusilla*.

### Public Relations

Eighteen talks to various local Societies, Discussion Groups and other organisations were given during 1957 by members of the staff.

Information and advice on technical matters were supplied on many occasions to enquiries by letter, telephone and personal interview.

Through the medium of the Association of Public Analysts, I had during the year, a number of opportunities with colleagues of taking part in discussions with Ministry Officials, representatives of Trade Organisations, and Officers of kindred Societies, when we were able to clarify the point of view of Public Analysts on such questions as legal interpretations, definitions, standards of composition, and codes of practice.

F. C. BULLOCK

**TABLE A**

**Summary of Samples Analysed during 1957**

**Sampled under the Food and Drugs Act, 1955**

(A) Submitted by Sampling Officers :

(a) Milks .. .. .	1,782
(b) Foods and Drugs .. .. .	956
(c) Shellfish .. .. .	26

(B) Food and Drug samples submitted by the public

(See Table J) .. .. .	36
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2,800

**Bacteriological Samples**

Samples under the Milk (Special Designation) Regulations, 1949 .. .. .

Ungraded Milk Samples .. .. .	443
Miscellaneous .. .. .	1

1,768

Daily Dairy Control samples for pasteurisation efficiency .. .. .

1,255

Washed Milk Bottles (Estimation of Cleanliness) ..	293
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3,316

**Fertiliser and Feeding Stuffs Act**

Samples submitted under Fertiliser and Feeding Stuffs Act, 1926, by Inspectors (see Table G) ..

50

Samples submitted privately (see Table G) ..	22
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72

**Rag Flock Act, 1911**

Samples submitted by Public Health Inspectors ..	3
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<b>Atmospheric Pollution</b> .. .. .	717
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<b>Water Samples for Water Committee</b> ..	3,103
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**Miscellaneous Samples from other sources :**

Health Department (see Table H) .. .. .	446
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Other Corporation Departments (see Table H) ..	19
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From other sources (see Table I) .. .. .	173
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638

<b>Grand Total</b> .. .. .	<b>10,649</b>
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**TABLE B**  
**FOOD AND DRUGS ANALYSED DURING 1957**  
(Sampled by Public Health Inspectors under the Food and Drugs Act)

**Foods Analysed :**

Sample	No.	Sample	No.
Milk .. ..	1,782	Glucose Sweets .. ..	1
Almonds, Ground .. ..	10	Grapefruit Crush .. ..	2
Bacon .. ..	6	Gravy Salt .. ..	6
Baking Powder .. ..	5	Honey .. ..	7
Beans in Tomato Sauce (Tinned)	6	Ice Cream.. ..	49
Beef Dripping .. ..	5	Jam .. ..	17
Beer .. ..	12	Jellies .. ..	6
Beetroot in Vinegar.. ..	1	Lard .. ..	5
Beverages .. ..	6	Lemon Curd .. ..	4
Black Pudding .. ..	3	Lemon Juice (Natural)	3
Blancmange Powder .. ..	10	Mandarin Oranges (Tinned)	6
Butter .. ..	6	Margarine.. ..	11
Cake and Pudding Mixtures ..	6	Marmalade .. ..	6
Cheese .. ..	6	Marzipan .. ..	8
Cheese Straws .. ..	1	Mayonnaise .. ..	1
Chewing Gum .. ..	8	Meat (Tinned) .. ..	6
Cider .. ..	6	Meat Paste .. ..	3
Cockles .. ..	2	Meat Pies .. ..	6
Cod Liver Oil and Malt .. ..	6	Milk (Tinned) .. ..	8
Coffee .. ..	2	Milk Puddings .. ..	5
Coffee and Chicory .. ..	3	Mincemeat .. ..	6
Coffee and Chicory Essence ..	4	Mineral Waters .. ..	10
Cordials .. ..	8	Mussels .. ..	26
Corned Beef (Tinned) .. ..	6	Mussels (Potted) .. ..	2
Cornflour .. ..	2	Nutmeg .. ..	1
Cream .. ..	7	Oranges .. ..	6
Cream (Imitation) .. ..	1	Orange Curd .. ..	2
Currants .. ..	8	Orange Concentrate Ingredients	4
Curry Powder .. ..	6	Orange Drink .. ..	1
Custard Powder .. ..	8	Pastry Mixture .. ..	1
Demerara Sugar .. ..	6	Peanut Butter .. ..	1
Eels (Potted) .. ..	1	Pearl Barley .. ..	6
Fat, Compound .. ..	2	Peas, Dried .. ..	6
Fat, Cooking .. ..	1	Peas (Tinned) .. ..	6
Fish (Tinned) .. ..	6	Peel, Cut Mixed .. ..	6
Fish Cakes .. ..	6	Pepper, Black .. ..	1
Fish Paste.. ..	3	Pepper, White .. ..	7
Flour .. ..	16	Pickles .. ..	8
Flour (Self-Raising) .. ..	3	Pineapple (Tinned) .. ..	1
Flour Confectionery .. ..	1	Plums (Tinned) .. ..	6
Fruit Juice .. ..	1	Prunes .. ..	6
Forcing, Thyme and Parsley ..	3	Pork Dripping .. ..	2
Gelatin .. ..	4	Potatoes .. ..	6
Ginger, Compound .. ..	5	Potato Crisps .. ..	3
Glacé Cherries .. ..	6	Puddings, Christmas .. ..	8
Glucose Lembar .. ..	1	Raisins .. ..	6

TABLE B—continued

Sample	No.	Sample	No.
Rice .. ..	7	Sugar Confectionery ..	14
Sago .. ..	2	Sultanas .. ..	8
Salad Cream .. ..	5	Tapioca .. ..	4
Salt .. ..	4	Tea .. ..	6
Salt (Iodised) .. ..	2	Tomatoes (Tinned) ..	6
Sauce .. ..	6	Tomato Ketchup ..	6
Sausages .. ..	10	Tomato Soup (Tinned) ..	6
Semolina .. ..	5	Vinegar .. ..	6
Shortbread Biscuits ..	6	Vinegar, Raspberry ..	6
Soft Drink Powders ..	6	Watercress .. ..	3
Steak Pie (Tinned) ..	1	Whelks .. ..	1
Steak and Kidney Pie (Tinned)	3	Whisky .. ..	10
Stout .. ..	12	Wines .. ..	12
Stuffing, Sage and Onion ..	3	Yogurt .. ..	2
Suet, Beef .. ..	12		
Sugar .. ..	6	Total .. ..	2,485

**Drugs Analysed :**

Sample	No.	Sample	No.
Almond Oil .. ..	7	Iodine, Tincture of ..	6
A.P.C. Tablets .. ..	6	Liquid Paraffin .. ..	6
Aminat Tablets .. ..	2	Nasal Catarrh Mixture ..	1
Aspirin Tablets .. ..	12	Olive Oil .. ..	12
Blackcurrant Syrup ..	1	Parrish's Chemical Food ..	6
Boracic Ointment .. ..	6	Phenacetin and Caffein Tablets	6
Boric Acid Lint .. ..	6	Prescriptions .. ..	6
Calamine Lotion .. ..	6	Pro-plus Tablets .. ..	1
Calcium Lactate Tablets ..	6	Quinine, Ammoniated Tincture	
Cascara Sagrada Tablets ..	6	of .. ..	13
Castor Oil .. ..	6	Rheumatic Lotion .. ..	1
Camphorated Oil .. ..	6	Saccharin Tablets .. ..	6
Cough Mixtures .. ..	6	Sal Volatile .. ..	6
Cream of Tartar .. ..	6	Slimvin .. ..	2
Easton's Tablets .. ..	6	Soda Mints .. ..	6
Energy Tablets .. ..	2	Sulphur Tablets .. ..	5
Eucalyptus Oil .. ..	6	Sulphur and Yeast Tablets ..	1
Friars Balsam .. ..	7	Tranquilex Tablets ..	1
Gee's Linctus .. ..	6	Turpentine, Pure .. ..	5
Glauber's Salts .. ..	6	Vitamin Tablets .. ..	4
Glycerin .. ..	6	White Precipitate Ointment ..	6
Glycerin of Borax .. ..	7	Worm Syrup .. ..	4
Glycerin of Thymol .. ..	6	Zinc Ointment .. ..	6
Golden Eye Ointment ..	6		
Haliborange Tablets ..	1	Drugs .. ..	279
Halibut Liver Oil Capsules ..	7	Foods .. ..	2,485
Hydrogen Peroxide .. ..	6		
Influenza Mixtures .. ..	9	Total Food and Drugs ..	2,764
Inhalers .. ..	6		

TABLE C  
Averages of Milk Analyses for 1957

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Averages
No. Examined	120	116	114	108	138	96	135	89	59	135	114	83	1,307
Average Fat ..	3.81	3.81	3.55	3.62	3.48	3.48	3.71	3.70	3.79	3.86	3.98	3.84	3.72
Average S.N.F.	8.66	8.65	8.63	8.67	8.80	8.70	8.60	8.69	8.79	8.79	8.87	8.76	8.72

CLASSIFICATION OF SAMPLES BASED ON FAT CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 2.6 ..	—	—	—	2	2	2	—	—	—	—	—	—	6
2.6—2.79 ..	—	—	1	—	5	1	2	1	1	—	—	—	11
2.8—2.99 ..	1	2	—	—	6	2	3	—	—	—	1	—	15
3.0—3.19 ..	13	7	14	11	19	11	12	5	1	5	3	7	108
3.2—3.39 ..	9	11	25	20	34	23	15	9	3	7	6	7	169
3.4—3.59 ..	16	22	30	23	34	27	28	22	12	15	12	10	251
3.6—3.79 ..	26	26	17	21	8	13	26	21	18	25	21	15	237
3.8—3.99 ..	12	13	8	9	9	5	14	9	11	33	19	17	159
4.0—4.19 ..	14	7	9	5	4	6	11	8	5	27	19	12	127
4.2—4.39 ..	10	7	3	8	6	2	7	6	3	9	6	2	69
4.4—4.59 ..	4	6	2	4	5	2	5	4	—	2	10	5	49
4.6—4.79 ..	6	7	3	—	1	1	6	2	2	5	4	2	39
Over 4.80 ..	9	8	2	5	5	1	6	2	3	7	13	6	67
Total Samples	120	116	114	108	138	96	135	89	59	135	114	83	1,307

TABLE C. CLASSIFICATION OF SAMPLES BASED ON SOLIDS-NOT-FAT CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 8.10..	2	6	1	1	—	1	4	—	—	—	—	1	16
8.10—8.19..	—	1	—	1	—	—	2	—	—	—	—	—	4
8.20—8.29..	—	2	4	2	—	3	2	—	—	—	—	1	14
8.30—8.39..	1	3	1	5	4	3	8	—	—	—	—	—	25
8.40—8.49..	4	6	4	5	—	1	12	7	4	9	2	2	56
8.50—8.59..	27	24	42	21	15	16	31	17	2	10	10	7	222
8.60—8.69..	48	25	24	17	11	20	34	17	5	19	12	8	240
8.70—8.79..	19	17	20	30	40	26	24	31	17	28	21	18	291
8.80—8.89..	10	11	11	15	35	18	14	8	16	31	23	27	219
8.90—8.99..	6	10	5	7	13	3	4	5	11	24	22	11	121
9.00—9.09..	2	8	2	3	9	1	—	3	3	11	5	6	53
9.10—9.19..	—	1	—	—	5	1	—	1	1	2	9	2	22
9.20 & Over	1	2	—	1	6	3	—	—	—	1	10	—	24
Total Samples	120	116	114	108	138	96	135	89	59	135	114	83	1,307

TABLE C. CLASSIFICATION OF SAMPLES BASED ON TOTAL SOLIDS CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 10.50	—	—	—	1	—	—	—	—	—	—	—	1	2
10.50—10.99	1	2	1	1	—	2	1	—	—	—	—	—	8
11.00—11.49	1	7	4	4	10	4	8	1	1	1	1	2	44
11.50—11.99	22	18	39	24	38	23	35	15	6	12	9	6	247
12.00—12.49	45	44	43	45	58	51	49	42	22	37	21	26	483
12.50—12.99	30	18	17	19	12	10	24	17	21	56	45	31	300
13.00—13.49	12	13	7	10	11	3	14	12	5	22	19	7	135
13.50—13.99	7	10	3	3	4	2	3	2	1	7	10	8	60
14.00 & Over	2	4	—	1	5	1	1	—	3	—	9	2	28
Total Samples	120	116	114	108	138	96	135	89	59	135	114	83	1,307

TABLE D(a). Food Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S345	Wheatmeal Bread ..	Private	Wheatmeal bread heavily contaminated with iron compounds	Firm advised, faulty machinery located and made good
S347	Cooked Sausage ..	Private	Cooked sausage containing a piece of greaseproof paper measuring about 2 inches square	Reported to Health Committee
S348	Bread and Butter ..	Private	Bread and butter carrying rodent faeces	Enquiries collapsed. Unable to trace baker
427	Lemon Juice ..	Informal	Lemon juice containing an excess of sulphur dioxide	Imported product. No action taken
1740	Mussels ..	Informal	Only 40 per cent clean	Informal follow-up sample proved to be satisfactory
1960	Lemon Juice ..	Formal	Containing excess of sulphur dioxide (59.2 per cent more than the permitted amount)	Imported product. No action taken
S352	Salt ..	Private	Contained "Pan Scale"	Manufacturer advised. All necessary precautions being taken
S355	Non-brewed Condiment ..	Private	Genuine non-brewed condiment infested with vinegar eels	Inspector cautioned Vendor
S356	Biscuits ..	Private	Biscuits, not of the quality demanded, being contaminated with rodent excrement	Manufacturer convicted. Fined £10
S359	Milk Bottles ..	Private	Milk bottle containing an article foreign to milk (a colourless, plastic, bell-shaped object)	Dairyman cautioned by M.O.H.

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S360	Brown Bread ..	Private	Brown bread contaminated with material resembling black grease	Baker cautioned by M.O.H.
1207	Pork Sausage (Preserved) ..	Informal	Deficient of 13.7 per cent of the desired meat content	Manufacturer cautioned by M.O.H.
1420	Mixed Pickles ..	Informal	Satisfactory sample but the jar was not labelled with the name of the contents or the ingredients; it therefore contravened the Labelling of Food Order, 1953	Manufacturer cautioned and instructed to amend labelling in accordance with Regulations
1421	Piccalilli ..	Informal	Satisfactory sample but the jar was not labelled with the name of the contents or the ingredients; it therefore contravened the Labelling of Food Order, 1953	Manufacturer cautioned and instructed to amend labelling in accordance with Regulations
S363	Brown Bread ..	Private	Brown loaf containing a piece of dirty white dough	Baker cautioned by M.O.H.
S366	Bread ..	Private	Bread in a mouldy condition	Vendor cautioned by M.O.H.
S368	Bacon ..	Private	Slightly rancid	Vendor refunded money to purchaser
S369	Brown Bread ..	Private	Bread containing undesirable foreign matter—overworked dough	Bakery inspected, and further precautions suggested
S370	Bread ..	Private	Bread containing foreign body—fragment of red dyed paper	Baker cautioned by M.O.H.
S372	Fruit Pie ..	Private	Contained a mould growth and infested with ants	Vendor fined £10

TABLE D(a)—continued

Sample No.	Article		Formal, Informal or Private	Nature of Offence	Action taken
S373	Bread ..	..	Private	Bread impregnated with an aromatic smelling liquid	Sample purchased in area of neighbouring Authority to whom the matter was referred
2138	Egg and Milk Sweets ..	..	Informal	Sample contained insufficient amounts of milk and egg to substantiate the designation "Egg and Milk Sweets"	Matter referred to the Association of Public Analysts
2321	Factitious Raspberry Vinegar		Informal	Deficient of 16.6 per cent of the stated Acetic Acid Content	Manufacturer cautioned
2386	Grapefruit Crush ..	..	Informal	Contained 34 per cent sulphur dioxide in excess of permitted maximum	Formal Sample No. 1986 taken as follow-up
1986	Grapefruit Crush ..	..	Formal	Contained 24 per cent sulphur dioxide in excess of permitted maximum	Manufacturer cautioned by M.O.H. Steps being taken to obviate further trouble of this kind
1747	Mussels ..	..	Informal	Only 20 per cent clean ..	Reported to Health Committee and Fisheries Experimental Station. Mussel grounds visited. Extensive enquiries were made. Source of pollution considered to be a temporary one. Advice given Reported to Health Committee
1749	Mussels ..	..	Informal	Only 20 per cent clean ..	
1750	Mussels ..	..	Informal	Nil per cent clean ..	
1752	Mussels ..	..	Informal	Nil per cent clean ..	
1753	Mussels ..	..	Informal	40 per cent clean ..	
1754	Mussels ..	..	Informal	50 per cent clean ..	
S375	Demerara Sugar ..	..	Private	Contained foreign material. One piece of string 7 in. long and pieces of fluff	

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S376	Peppermint Sweets	Private	Contained foreign material. Adhering to the base of one sweet was a small piece of wood approximately $\frac{3}{8}$ in. long by $\frac{1}{8}$ in. wide by $\frac{1}{16}$ in. thick	Manufacturer cautioned by M.O.H. Wooden trays, at present used for drying sweets, to be replaced by metal ones
S377	Canned Plums	Private	Contained two grubs	Examination undertaken on behalf of County Authority. Result of examination reported to that Authority
2909	Christmas Pudding	Informal	Labelling defective regarding statement of ingredients	Manufacturer cautioned by M.O.H. Labels already amended
2912	Christmas Pudding	Informal	Labelling defective regarding statement of ingredients	Manufacturer cautioned by M.O.H. Promised to amend labelling
3067 (S378)	Red Cheddar Cheese	Informal/Private	Contained mouse excrement	Vendor fined £10
3085	Glacé Cherries	Informal	Not labelled in accordance with the requirements of the Labelling of Food Order, 1953	Wholesaler cautioned by M.O.H. Promised to amend labels
3089	Glacé Cherries	Informal	Not labelled in accordance with the requirements of the Labelling of Food Order, 1953	Wholesaler cautioned by M.O.H. Promised that future supplies would be labelled correctly

TABLE D(b). Drug Samples reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
45	Camphorated Oil ..	Informal	Camphorated Oil not labelled in accordance with current ethical trade practice	Vendor cautioned by M.O.H. Labels amended ; poison bottles to be used in future
200	Soda Mint Tablets	Informal	Samples submitted in an unlabelled bag, bearing an "Aspro" advertisement. Not properly labelled as a medicine	
203	Soda Mint Tablets	Informal	Not properly labelled as a medicine (submitted in a plain cellophane bag)	Letter sent to local Section of the Pharmaceutical Society
204	Soda Mint Tablets	Informal	Not properly labelled as a medicine (submitted in a plain cellophane bag)	
260	Ammoniated Tincture of Quinine ..	Informal	Ammoniated Tincture of Quinine, deficient of ammonia and quinine	Formal follow-up sample proved to be satisfactory. Vendor cautioned by M.O.H.
269	Slimvin ..	Informal	Cider Vinegar, of about half the normal acetic acid content. Exaggerated claims	
1959	Slimvin ..	Formal	Cider Vinegar of about half the normal acetic acid content. Exaggerated claims	Action taken by another Authority
347	Tincture of Iodine	Informal	Containing an excess of iodine and potassium iodide	
1952	Pro-Plus Tablets ..	Formal	Pharmaceutical product bearing an incomplete quantitative declaration	No action taken
471	Energy Tablets ..	Informal	"Pep" tablets accurately described, but for which claims are made of an exaggerated character	No action taken

TABLE D(b)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
897	Aminat Powders .. ..	Informal	Aminat Powders, not compounded according to the declared formula	Followed up by Formal Sample No. 1965
1965	Aminat Powders .. ..	Formal	Aminat Powders, not compounded according to the declared formula	Manufacturer cautioned by M.O.H.
973	Halibut Liver Oil Capsules ..	Informal	Halibut Liver Oil Capsules, deficient of the required Vitamin A content	Followed up by Formal Sample No. 1966
1966	Halibut Liver Oil Capsules ..	Formal	Halibut Liver Oil Capsules, deficient of the required Vitamin A content	Manufacturers cautioned by M.O.H.
1340	Sulphur Tablets .. ..	Informal	Sulphur Tablets submitted in a plain unlabelled bag	Vendor cautioned and instructed to correct his labelling
2516	Influenza Mixture .. ..	Informal	100 per cent deficient of the declared chloroform content	Formal Sample No. 1985 taken as follow-up
1985	Influenza Mixture .. ..	Formal	100 per cent deficient of the declared chloroform content	Manufacturer cautioned by M.O.H. Steps being taken to obviate this trouble
2679	Influenza Mixture .. ..	Informal	100 per cent deficient of the declared chloroform content N.B.—The high chlorinc figure suggests possible hydrolysis of a former chloroform content	Sample taken to confirm results of Informal Sample No. 2516 and Formal Sample No. 1985
2653	Almond Oil .. ..	Informal	Not pure Almond Oil, but tests are consistent with the presence of arachis oil	Followed up by Formal Sample No. 1990
1990	Almond Oil .. ..	Formal	Not pure Almond Oil, but tests made are consistent with the presence of arachis oil	Vendor cautioned by M.O.H. Unable to trace manufacturer; fairly old stock. No further action taken

**TABLE E**  
**Results of Bacteriological Examination of Milk, 1957**  
**Examined under Milk (Special Designation) Regulations**

Grade	Total No. examined	Total Test Void	Passed as satis- factory	No. which failed Me. Blue Test	More than 2.3 L.B.U.	% Satisfactory		
						1955	1956	1957
Tuberculin Tested (Farm Bottled) .. (including 22 Channel Island Milks)	51	—	46	5	—	95.3	91.5	90.2
Tuberculin Tested .. ..	811	2	744	65	—	87.2	92.0	91.7
Tuberculin Tested (Pasteurised) ..	40	1	39	—	—	100.0	100.0	97.5
Tuberculin Tested Channel Islands Pasteurised .. ..	4	—	4	—	—	100.0	100.0	100.0
Pasteurised .. ..	263	1	262	—	—	100.0	100.0	99.7
School Milk (Pasteurised) ..	65	—	65	—	—	100.0	100.0	100.0
Sterilised .. ..	88	—	88	—	—	100.0	100.0	100.0
Channel Islands Pasteurised ..	1	—	1	—	—	—	—	100.0
<b>Totals .. ..</b>	<b>1,323</b>	<b>4</b>	<b>1,249</b>	<b>70</b>	<b>—</b>	<b>91.4</b>	<b>95.8</b>	<b>94.7</b>

TABLE F. Swimming Bath Waters Examined during 1957

Bath	Number Examined	Number having satisfactory bacteriological quality	B. Coli too numerous or total count more than 1,000 per ml.	Number in which Chlorine dose was of higher concentration than desirable	Number in which Chlorine dose was of lower concentration than desirable	Number in which pH dose was too low	% passed as bacteriologically satisfactory
Aylestone ..	22	22	-	5	-	-	100
Cossington Street ..	14	14	-	2	-	-	100
Spence Street ..	13	13	-	-	-	-	100
Vestry Street ..	44	44	-	2	2	-	100
Wyggeston Boys School*	10	9	1	-	5	-	90
TOTAL (Corporation Baths)	103	102	1	9	7	-	99
Humberstone Lido ..	29	29	-	-	3	11	100
Kenwood Pool ..	33	32	1	-	4	1	97
TOTAL (All Baths)	165	163	2	9	14	12	99

\*At one period this bath showed excessive algal growth which necessitated treatment with Copper Sulphate

**TABLE G. Fertilisers and Feeding Stuffs Analysed in connection with  
the Fertilisers and Feeding Stuffs Act during 1957**

Sample	Number Examined	Number Satis- factory	Number Unsatisfactory		
			Compo- sition Incorrect	Statutory Declara- tion Defective	Total Unsatis- factory
<b>Fertilisers :</b>					
Basic Slag .. ..	1	1	—	—	—
Bone Meal (Raw) ..	2	2	—	—	—
Bone Meal (Steamed) ..	2	2	—	—	—
Compound Fertilisers ..	11	8	1	2	3
Dried Blood .. ..	4	2	2	—	2
Hoof and Horn Meal ..	1	1	—	—	—
Hop Manure .. ..	1	1	—	—	—
Hydrated Garden Lime ..	1	1	—	—	—
Nitrate of Soda .. ..	1	1	—	—	—
Nitro Chalk .. ..	1	1	—	—	—
Sulphate of Ammonia ..	5	5	—	—	—
Sulphate of Potash ..	3	3	—	—	—
Superphosphate of Lime	3	3	—	—	—
Tomato Top Dressing ..	1	1	—	—	—
<b>Feeding Stuffs :</b>					
Cattle Food .. ..	1	1	—	—	—
Pig Foods .. ..	2	2	—	—	—
Poultry Foods .. ..	10	10	—	—	—
<b>Total .. ..</b>	<b>50</b>	<b>45</b>	<b>3</b>	<b>2</b>	<b>5</b>
<b>Private Samples</b>					
<b>Fertilizer :</b>					
Base Fertiliser .. ..	1	1	—	—	—
<b>Feeding Stuffs :</b>					
Dried Grass Meal .. ..	1	1	—	—	—
Pig Foods .. ..	15	15	—	—	—
Poultry Foods .. ..	5	5	—	—	—
<b>Total .. ..</b>	<b>22</b>	<b>22</b>	<b>—</b>	<b>—</b>	<b>—</b>

TABLE H

**Miscellaneous Samples examined for various  
Corporation Committees**

<b>Health Department</b>		<b>City of Leicester</b>	
<b>Atmospheric Pollution Investigation :</b>		<b>Children's Committee</b>	
Lead Peroxide Cylinders	60	Water (Bacteriological) ..	1
Rain Waters ..	33	Water (Chemical) ..	1
—	93	—	2
		<b>Central Purchasing Office</b>	
<b>Waters :</b>		Scouring Powders ..	2
Chemical ..	16	Soap (Liquid) ..	2
Bacteriological ..	5	—	4
—	21	<b>City Surveyor's Department</b>	
		Soil Samples ..	6
		—	6
<b>Miscellaneous :</b>		<b>Maternity and Child Welfare Department</b>	
Bath Waters ..	165	Dried Milk ..	1
Chloros Samples ..	1	—	1
Daily City Supply Water ..	252	<b>Weights and Measures Department</b>	
Dust Deposit ..	1	Coal Samples ..	3
Grit Deposit ..	1	Peel, Cut Mixed ..	2
Mussels ..	3	Pumpernickel, Sliced ..	1
Petrol Mixture ..	1	—	6
Phosphatase Milks ..	1,255		
Rag Flocks ..	3		
Salmon Tin ..	1		
—	1,683	Total ..	1,816

TABLE I

Miscellaneous Samples submitted privately by the public

Article	No.	Article	No.
<b>Foods, Drugs and Beverages :</b>		<b>Miscellaneous :</b>	
Bismuth Carbonate ..	1	Chamois Leather ..	1
Bread .. ..	10	Deposit .. ..	1
Coffee Milk Flavouring ..	2	Dyes .. ..	3
Dried Milk Residue ..	1	Egg Container ..	1
Flour .. ..	4	Feeding Stuffs ..	21
Ginger Beer .. ..	1	Fertiliser .. ..	1
Lollipops .. ..	5	Herb Infusion ..	1
Milk .. ..	1	Insects .. ..	2
Ointment .. ..	1	Fire-lighting Material ..	1
Sausages .. ..	2	Paraffin .. ..	1
Shortcake .. ..	1	Print Spray .. ..	1
Soft Drinks .. ..	3	Rubber Latex Samples ..	2
Tongue .. ..	1	Sewage .. ..	16
Wine .. ..	1	Bituminous Paving Material	1
Whisky .. ..	2	Soil Samples .. ..	4
<b>Miscellaneous :</b>		Spirit Solution .. ..	1
Bleach Samples .. ..	2	Waters (Bacteriological) ..	30
Bran .. ..	1	Waters (Chemical) ..	45
Carton .. ..	1		
		Total .. ..	173

TABLE J

**Samples submitted by Members of the Public under  
Food and Drugs Act**

Article	No.	Article	No.
Bacon .. .. .	1	Peppermint Sweets .. .. .	1
Biscuits .. .. .	1	Raspberry Vinegar .. .. .	1
Bread .. .. .	13	Salt .. .. .	1
Cheese .. .. .	1	Saucepan .. .. .	1
Dried Milk .. .. .	1	Sausage .. .. .	1
Fruit Pie .. .. .	1	Spirits .. .. .	1
Liver .. .. .	1	Sugar .. .. .	3
Meat .. .. .	1	Victoria Plums (Tinned) .. .. .	1
Milk .. .. .	4		—
Milk Bottle .. .. .	1		
Non-brewed Condiment .. .. .	1	Total .. .. .	36
			—

TABLE K

**Summary of Samples examined by Bacteriological Methods  
during 1957**

Milk .. .. .	1,703
Pasteurised Milk supplied to Schools .. .. .	63
Washed Milk Bottles (Estimation of Cleanliness) .. .. .	293
Reservoir and other Waters (for Water Committee) .. .. .	1,406
Waters (for Health Committee) .. .. .	5
Waters (for daily examination of the domestic water supply) .. .. .	252
Swimming Bath Waters .. .. .	165
Miscellaneous .. .. .	31
Shellfish .. .. .	29

TABLE L  
Samples of Milk examined by the Phosphatase Test, 1957

Dairy	No. Examined	No. giving less than 2.3 Blue Units : Efficient Pasteurisation	% of Total Satisfactory, 1957	% Satisfactory in previous years		
				1956	1955	1954
No. 1 .. ..	251	251	100.0	100.0	99.6	100.0
No. 2 .. ..	251	251	100.0	100.0	100.0	100.0
No. 3 .. ..	251	251	100.0	100.0	100.0	100.0
No. 4 .. ..	251	251	100.0	100.0	100.0	100.0
No. 5 .. ..	251	251	100.0	100.0	99.6	98.8
Miscellaneous (mainly samples submitted for Bacteriological Tests) ..	116	116	100.0	100.0	100.0	100.0
Totals .. ..	1,371	1,371	100.0	100.0	99.8	99.8

**TABLE N**  
**Ice Cream Samples**

Year			Fat Average %	Milk Solids Average %	Sucrose Average %	No. of samples examined
1951	..	..	9.3	10.6	13.2	167
1952	..	..	8.8	8.8	13.0	110
1953	..	..	8.8	9.4	10.4	216
1954	..	..	8.7	10.5	14.4	77
1955	..	..	9.1	10.8	13.5	66
1956	..	..	9.8	11.7	12.7	51
1957	..	..	9.5	11.3	13.4	49

**TABLE O**  
**Atmospheric Pollution**  
Lead Peroxide method for Sulphur Dioxide  
Average monthly figures

Month	Station					
	Grey Friars	Western Park	West- cotes	Evington	City General Hospital (Crown Hills)	Town Hall
January ..	3.80	—	1.13	0.44	—	3.95
February ..	3.16	—	1.60	0.71	—	3.81
March ..	2.35	—	1.22	0.50	—	2.58
April ..	—	0.78	1.06	0.44	—	2.11
May ..	—	0.61	0.84	0.26	—	1.52
June ..	—	0.51	0.59	0.25	—	0.87
July ..	—	0.45	0.54	0.21	—	0.85
August ..	—	0.42	0.52	0.20	—	0.89
September	—	0.68	0.62	—	1.03	1.44
October ..	—	0.9	1.0	—	1.3	2.5
November..	—	1.6	1.9	—	1.8	3.5
December ..	—	1.6	1.9	—	1.6	3.6

(Results expressed in mgms. SO<sub>3</sub> per 100 sq. cm. per day)

N.B.—Apparatus moved from Grey Friars site to Western Park, 1st April, 1957, and from Evington site to Crown Hills, 1st September, 1957.

TABLE P. Atmospheric Pollution  
Figures obtained from Standard Deposit Gauge

Site of Gauge	Year	Average Monthly Rainfall Inches	Average Deposit in tons per square mile per month					Soluble Deposit	Total Deposit
			Insoluble Deposit			Total			
			Tar	Soot	Ash				
Town Hall Roof	1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47	
	1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58	
	1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51	
	1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73	
	1946	2.73	0.33	3.57	11.81	15.71	6.66	22.37	
	1947	1.80	0.25	2.94	9.06	12.25	5.75	18.02	
	1948	2.19	0.19	4.96	9.13	14.28	5.46	19.74	
	1949	1.92	0.26	4.89	9.94	15.09	5.91	20.98	
	1950	2.00	0.33	5.09	16.22	21.64	8.44	30.00	
	1951	2.50	0.27	4.33	17.94	22.54	10.22	32.76	
	1952	1.98	0.27	3.71	15.33	19.31	7.41	26.72	
	1953	1.77	0.28	4.50	12.07	16.85	8.68	25.53	
	1954	2.62	0.19	5.12	11.29	16.60	8.17	24.77	
	1955	1.88	0.10	3.52	8.15	11.77	6.67	18.44	
	1956	2.07	0.14	3.78	9.13	13.05	7.16	20.21	
	1957	2.26	0.13	3.81	8.35	12.29	7.18	19.47	
Average for 16 years		2.09	0.21	4.08	12.62	16.91	7.11	24.02	
Evington	1951	2.84	0.11	1.15	1.84	3.10	3.76	6.86	
	1952	2.04	0.12	1.96	3.05	5.13	3.91	9.04	
	1953	1.79	0.10	1.18	1.41	2.69	2.83	5.52	
	1954	2.57	0.05	1.84	1.40	3.29	3.80	7.09	
	1955	1.77	0.05	3.16	1.59	4.80	2.91	7.71	
	1956	2.00	0.04	2.08	1.14	3.26	3.43	6.69	
	1957*	1.94	0.02	1.50	0.98	2.50	4.23	6.73	
Average for 6 years and 7 months		2.14	0.07	1.84	1.63	3.54	3.55	7.09	

\*Please note : During 1957 readings taken at Evington from January to July 31st only.  
Deposit Gauge moved to Crown Hills site August 1st, 1957.

**TABLE W**  
**Samples Submitted by the Water Department**

**Routine Samples**

Waters (Chemical)	..	..	..	..	..	1,406
Waters (Bacteriological)	..	..	..	..	..	1,406
Waters (Biological)	..	..	..	..	..	198

**Special Samples**

Algal Samples (weed and algae samples from local reservoirs)	..	5
Alum solution (used in water treatment)	..	41
Aluminium Sulphate (Commercial) (submitted for analysis)	..	1
Brick Samples (suitability for building purposes)	..	7

**Corrosion Problems**

Aluminium Kettle (encrustations developed in use)	..	1
Stud and Bolt (submitted for identification of type of metal, and reason for failure)	..	1
Towel Rail (chromium-plated)	..	1

**Miscellaneous Specimens**

Deposit Samples (taken from storage tanks, boilers, etc., also from flushed-out mains)	..	8
Grease Samples (pump lubricant)	..	2
Ice Block (complaint sample which contained iron-stained pellicle)	..	1
"Insects" (specimens of Asellus and Gammarus found in water mains)	..	5
Lime Samples (taken in connection with brick samples)	..	4
Lead Sample (submitted for analysis)	..	1
Pellet (complaint of small pellets found in the water supply)	..	1
Pipe Sample (suitability for use for transference of alum solution)	..	1
Sand Sample (submitted in connection with brick samples)	..	2
Soil Samples (submitted for estimation of soluble SO <sub>3</sub> " )	..	11
Total	..	3,103

# **Report on the Public Health and Food Inspection Department for the year 1957**

by

G. A. HILLER, F.R.S.H., F.A.P.H.I.

Chief Public Health Inspector

In previous reviews of the work of this Department my first concern has been always with the staffing problem. On this occasion I am pleased to be able to give a more cheerful report as our numbers have increased a little ; the significance in this is not so much in the increase but in the fact that practically all the inspectors who have come to us in the last few years are still with us.

This leads me, at once, to pay tribute to the work of my staff during 1957 and to thank them for all that they have done.

In looking through this report I hope the members of the Council will feel with me that there is evidence of solid achievement, slum clearance programme sustained, complete inspection of every carcase of meat killed in Leicester, more systematic attention to food hygiene as well as a special effort in the preparation of the Clean Food Week and Exhibition, and increased attention to air pollution and noise nuisances.

In conclusion I should like to thank the Chairman and members of the Health Committee for their support and the consideration they have shown me during the year.

## **STAFF**

The establishment is made up as follows :

- 1 Chief Public Health Inspector
- 1 Deputy Chief Public Health Inspector
- 4 Divisional Inspectors
- 1 Senior Meat Inspector (vacant)

- 11 Specialist Inspectors :
  - 5 Meat Inspection
  - 2 Housing (Slum Clearance)
  - 1 Cafés and Restaurants
  - 1 Food and Drugs Sampling
  - 1 Shops Act
  - 1 Smoke Abatement
- 14 District Inspectors (5 vacancies)
  - 1 Food Hygiene Assistant (female) (vacant)
- 10 Pupil Inspectors (1 vacancy)
  - 1 Chief Clerk
  - 7 Clerks
  - 6 Sanitary Assistants (Manual Staff)
  - 1 Abattoir Assistant (Manual Staff)
  - 1 Rodent Officer
  - 4 Rodent Operators

## GENERAL SANITARY CIRCUMSTANCES

### Complaints and Inspections

Accumulations of Refuse .. .. .	..	..	..	39
Choked and Defective Drains .. .. .	..	..	..	115
Defective Water Supply .. .. .	..	..	..	18
Defective Water Closets .. .. .	..	..	..	249
General Housing Defects .. .. .	..	..	..	959
Flood Water in Houses .. .. .	..	..	..	24
Overcrowding .. .. .	..	..	..	329
Infestations : Insect Pests, Rats and Mice .. .. .	..	..	..	1,128
Keeping of Animals .. .. .	..	..	..	29
Offensive Odours .. .. .	..	..	..	65
Factory Conditions (Sanitation) .. .. .	..	..	..	90
Smoke Nuisances .. .. .	..	..	..	93
Noise Nuisances .. .. .	..	..	..	30
Miscellaneous .. .. .	..	..	..	56
				3,224

## SYNOPSIS OF INSPECTION WORK

	Inspections
Accumulations .. .. .	135
Agricultural Produce (Grading and Marking) Act ..	4
Animals, Poultry, Swine, etc. .. ..	75
Ashpits and Ashbins .. .. .	3
Bakehouses .. .. .	89
Canal Boats .. .. .	12
Cesspools .. .. .	24
Closets—Water .. .. .	188
„ Pails .. .. .	20
Cold Stores .. .. .	20
Common Lodging Houses .. .. .	49
Complaints Investigated .. .. .	3,412
Dairies .. .. .	287
Dangerous Structures .. .. .	98
Ditches and Watercourses .. .. .	19
Drains—Inspected .. .. .	499
„ Smoke Tests .. .. .	94
„ Chemical Tests .. .. .	23
„ Colour Tests .. .. .	87
Factories .. .. .	161
Fish Frying Premises .. .. .	14
Food Examination .. .. .	1,467
Food Manufacturing Premises .. .. .	127
Food Vendors' Vehicles .. .. .	85
Food Warehouses .. .. .	530
Hotel and Restaurant Kitchens .. .. .	1,148
Hairdressers' Premises .. .. .	389
Houses Let in Lodgings .. .. .	179
Houses re Infectious Disease .. .. .	189
„ Infectious Disease Contacts .. .. .	33
„ Specimens of Faeces, etc. .. .. .	37
„ Disinfection .. .. .	222
„ Overcrowding .. .. .	435
„ Vermin .. .. .	428

### Housing Acts :

#### Section 9 (Repairs)—

Houses .. .. .	167
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#### Section 17 (Individual Unfit)—

Houses .. .. .	70
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#### Section 42 (Clearance Areas)—

Houses .. .. .	1,475
Other Buildings .. .. .	7
Special Visits .. .. .	1,351

Carried forward .. .. .	13,652
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					Inspections
Brought forward	..	..	..	..	13,652
Housing Repairs and Rents Act, 1954 (Certificates of					
Disrepair)	..	..	..	..	561
Ice Cream Premises	..	..	..	..	471
Markets—Retail Fish	..	..	..	..	242
„ Retail Provision	..	..	..	..	316
„ Wholesale Fish	..	..	..	..	294
„ Wholesale Fruit and Vegetable	..	..	..	..	181
Meeting with Owner or Tradesman..	..	..	..	..	1,198
Merchandise Marks Act	..	..	..	..	78
Offensive Trade Premises	..	..	..	..	21
Outworkers	..	..	..	..	49
Pet Animals Shops	..	..	..	..	29

Samples for analysis :

Visits, etc., re foodstuffs, water, rag flocks, etc.	..	1,383
Schools	.. ..	5
Sewers, etc.	.. ..	19
Shops—Fish	.. ..	64
„ Fruit	.. ..	144
„ Meat	.. ..	281
„ Other Food Shops	.. ..	931
Shops Acts	.. ..	87
Slaughterhouses—Private	.. ..	1,317
Smoke Observations	.. ..	129
Special Visits re Smoke	.. ..	1,089
Tips (Refuse)	.. ..	26
Van Dwellings	.. ..	1,487
Total	.. ..	24,054
Re-inspections	.. ..	14,236
Grand Total	.. ..	38,290

Comparative figures for 1956 :

Total inspections	.. ..	22,584
Re-inspections	.. ..	11,442
Grand Total	.. ..	34,026
Notices—Served—Informal	.. ..	1,952
Formal	.. ..	30
Complied with —Informal	.. ..	1,592*
Formal	.. ..	26

\*(Includes 578 notices served in previous years)

## Drainage, Sanitation and Water Supply

Apart from the existence of extensive disrepair and dampness, many houses in Leicester have no separate internal water supply and have water closets which are shared, generally on the basis of one water closet to two and sometimes to four houses.

Fortunately the majority of such houses are included in the first two categories of the Department's slum clearance survey which was carried out in 1949-50.

Since the post-war slum clearance schemes were started in 1953 progress in the demolition of houses lacking in separate water supplies and separate water closets has been very considerable and in 1957, 535 houses sharing water closets and 379 houses without internal water supply were dealt with.

	1956	1957
Number of cesspools .. .. .	69	63
Number of known pail closets .. .. .	62	62
Houses where separate water supply provided	7	8
Houses where separate or additional water closets provided .. .. .	91	8
Drains unstopped by Health Inspection Department .. .. .	99	68

## Swimming Pools

Regular visits were made during the year to the four public baths and samples of the water were taken at the time of inspection.

In addition, during the summer months, the open-air swimming pools, including the reconstructed pool at the Wyggeston Boys' School, were frequently inspected and samples taken. All these samples were submitted to the Public Analyst for examination and the results obtained are detailed in his section of the report. Follow-up action was taken where necessary by this department.

Regular inspections during the year were made of the dressing-rooms and sanitary accommodation and all were found to be satisfactory.

Number of samples taken .. .. .	165
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## Disinfection and Disinfestation

The work done by the disinfecting and disinfestation staff is shown in the following Table :

Houses disinfected .. .. .	302
Houses disinfested .. .. .	1,193
Bedding, clothing, etc., steam-treated .. .. .	3,499
Articles disinfected prior to export .. .. .	791

## Hydrogen Cyanide Disinfestation—Supervision

The public health inspectors continue to supervise the Hydrogen Cyanide fumigation of flour mills in the city which is normally done at holiday periods by a London firm. The equipment and method continue to improve year by year. The present method of blowing the gas by fixed tubes to all parts of the building has reached a high standard of efficiency and has obviated the dangers of the old canister method.

## Common Lodging House

The one common lodging house in Leicester has been inspected regularly. The premises have been redecorated during the year.

There is accommodation for 100 men but it is rarely used to capacity.

## Houses-Let-in-Lodgings

The decline in social standing as well as maintenance and upkeep of comparatively large houses in the once more-fashionable parts of the city near to its centre continues.

Increasing numbers of these houses which have large and lofty rooms fall into the hands of persons who "farm them out" often room by room with the result that the houses become over-populated and lacking sadly in amenities.

Whilst it must be admitted that some houses let in this way are reasonably well provided for, there is no doubt that in the majority of cases the occupants are offered very little in return for the high rents they pay.

Increasing pressure is being brought upon the landlords to provide a standard of amenity which will ensure a reasonable measure of comfort by putting in additional water closets, water taps, sinks and cooking appliances.

Overcrowding presents a most serious problem as a large-scale attack would only result in many people with young families being rendered homeless as such lettings are invariably "furnished".

The situation is rendered more difficult by the influx of foreigners and British nationals from the West Indies as well as Indians and Pakistanis. The language difficulty and social customs add to the general problems arising from the overcrowding and excessive wear and tear in the structure of the houses.

Such was the difficulty experienced with the Indians in the community that a welfare officer from the office of the High Commissioner for India visited Leicester and inspected some of the worst-kept houses with the public health inspectors and did much to help in getting these houses cleaned.

He also produced in the Urdu language a copy of a letter which is used in all appropriate cases and which has produced good results.

### “LEICESTER CITY HEALTH DEPARTMENT

*For the attention of the Occupier :*

The Leicester City Health Department welcomes you to this City and wishes to help you in every way it can.

The Health Department is concerned with safeguarding the health of the residents of this City and is responsible for seeing that all residents get proper facilities such as water supply, clean sinks for preparing food and good sanitary accommodation. As overcrowding encourages diseases, the Health Department must also ensure that people do not live in overcrowded conditions. For this reason, special officers have been appointed who must inspect all houses from time to time.

No doubt, Indian nationals who live among us wish to observe rules of health, so that they would not be the cause of spreading diseases to their British neighbours. Also, our Indian friends will wish to be treated exactly like the local residents. Consequently, when a public health inspector calls to inspect your premises it is expected that you will co-operate with him in every way, so that he may see the facilities provided in your premises and guide you with all the knowledge and resources at his disposal.

Your co-operation in this respect will enable the local authorities to help many other Indians who experience difficulties in this country to obtain accommodation.”

Some of the situations dealt with included the following :

Inspector, on routine inspection, arrived in time to see the internal water closet and bathroom being dismantled in order to provide an additional bedroom ;

A house let out in a dormitory system by an Indian to his fellow countrymen was found to contain 18 men ;

A three-storeyed house let into separate lettings, including a small bedroom occupied as a bed-sitting room by a man and wife with three children, and a large bedroom containing sleeping accommodation for nine male Indians ;

Two adjoining houses, each let to seven separate families (with children) with only one gas cooker and one sink in the basement of each house.

Improved standards of amenity are beginning now to evolve and whilst the rents charged for sparsely furnished accommodation are not the immediate concern of the local authority there is no doubt that the improvements asked for by the Department constitute no more than the standard required of the ordinary landlord who, generally speaking, provides a whole house, with privacy and self-contained amenities for a much lower rent.

Unfortunately the Housing Act, 1957, does not specify a standard and in the last resort an appeal to the Justices would be necessary ; fortunately, this eventuality has not yet arisen.

### **Movable Dwellings**

During the year 1,487 visits were made to caravans on 30 unlicensed sites and a great deal of somewhat abortive work was done.

The continual harrying of these people is in itself a thankless task but is one which has to be done if the amenities in the city to which the residents are entitled are not to be ruined.

Nuisances of all sorts are perpetrated by many of the van dwellers, sites soon become unsightly and insanitary but it is practically impossible to catch the offenders in the act with the result that prosecutions under the Public Health Act nuisance powers are almost impossible.

In addition to causing nuisance many people complain of abuse and stealing when van dwellers are in the neighbourhood.

Licences have been granted by the Health Committee in four cases where sanitary accommodation, water supply, and other amenities are satisfactory.

### **Showmen's Guild Site**

The site provided for the Showmen's Guild, which they use as winter quarters, continues to be very well conducted by the members.

Legal proceedings instituted resulted as shown in the accompanying Table, although great difficulty has been experienced in serving notices and summonses on these people.

Case No.	Address of Contravention	Reason	Result
1	Rushey Fields Depot	Keeping caravan on unlicensed land (Rushey Fields) from 1.1.57 to 14.5.57	£10 fine
2	Court D, Northgate Street, Burleys Lane, Burgess Street, Court D, Northgate Street	Keeping caravan on land in excess of 28 days	£3 fine
3	Rushey Fields ..	Keeping caravan on unlicensed land (Rushey Fields) one day	Man fined £2 (2 weeks to pay). Woman in Holloway prison given absolute discharge
4	East Bond Street ..	Keeping caravan on land in excess of 28 days	£5
5	Carley Street .. Burgess Street	Keeping caravan on land in excess of 28 days	£4 fine
6	Carley Street .. Burgess Street	Keeping caravan on land in excess of 28 days	£4 fine
7	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£2 fine
8	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£2 fine
9	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£2 fine
10	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£2 fine
11	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£2 fine
12	Navigation Street ..	On unlicensed land on 17.10.57	£2 fine
13	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£2 fine in absence

Case No.	Address of Contravention	Reason	Result
14	Rushey Fields	On Corporation land one day without consent (Rushey Fields)	£2 fine in absence
15	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£2 fine
16	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£5 fine
17	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£5 fine
18	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£5 fine
19	Rushey Fields ..	On Corporation land one day without consent (Rushey Fields)	£5 fine
20	Movable dwellings, rear of 13 Steins Lane	Leicester Corporation Act, 1956, Section 121	Adjourned for 1 month— £3 fine

In addition, summonses could not be served in fourteen instances.

### Knackers' Yards

The new Byelaws which became operative on the 1st April, 1957, are being complied with, including the keeping of records of purchases and sales.

### Offensive Trades

The registered offensive trades are as shown below :

Tripe Dressers	..	..	..	6
Marine Store Dealers	..	..	..	8

### Pet Shops

There are 30 shops covered by licences under the Pet Animals Act, 1951, and 58 visits were made. The licensing conditions were found to be observed in all cases.

### Sale of Animal Feeding Meat

During the year the Health Committee made Byelaws controlling the sale of animal feeding meats ; these come into force on the 1st January, 1958.

### Factories

The number of registered factories and the inspections made are shown in the following Tables :

# OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937 and 1948

## PART I OF THE ACT 1.—INSPECTIONS for purposes of provisions as to health (inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of			Occupiers prosecuted (5)
		Inspections and Re-Inspections (3)	Written notices (4)		
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority .. .. .	86	3	1	—	
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	2,066	303	21	—	
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises) .. .. .	—	74	12	—	
Total .. .. .	2,152	380	34	—	

\*i.e., Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

## 2.—Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	4	9	—	3	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) insufficient ..	73	59	—	71	—
(b) unsuitable or defective ..	12	10	—	11	—
(c) not separate for sexes ..	4	1	—	3	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
Total ..	93	*79	—	88	—

(\*This total includes 14 notices served in previous years but complied with in 1957).

It will be seen that the number of inspections falls far short of the number of registered factories ; this is due to continued staff shortage which means that most of the inspections are carried out on receipt of complaints.

## OUTWORK (Sections 110 and 111)

Total number of outworkers in August, 1957, was as shown below :

Wearing Apparel, Making, etc. ..	..	1,380
Umbrellas, etc. ..	..	12
		<hr/>
Total ..	..	1,392
		<hr/>

Inspections of households in which outwork is carried on have been limited to visits in connection with complaints of housing defects, slum clearance survey visits and investigation of cases of infectious disease.

## ATMOSPHERIC POLLUTION

### Non-industrial Smoke

In June, 1957, the Special (Clean Air) Sub-Committee accepted in principle the recommendations of the Chief Public Health Inspector that in the first instance two Smoke Control Areas should be declared in Leicester :

(a) The St. Matthew's re-development area which will contain 735 new dwellings when completed, and

(b) A central area bounded by Charles Street, Rutland Street, Belvoir Street, Pocklington's Walk, Berridge Street, Grey Friars, Loseby Lane, Cart's Lane, High Street, Haymarket and Belgrave Gate, a total area of 44 acres with 1,150 occupiers.

The Leicester Smoke Control (No. 1) Order, 1957, was confirmed by the Minister of Housing and Local Government on 27th January, 1958, and will come into operation on 1st September, 1958.

The Leicester Smoke Control (No. 2) Order, 1957, has received approval in principle and at the end of the year this survey was in progress.

The Council has made a byelaw requiring only approved fuel burning appliances to be fixed in new dwelling houses.

### Industrial Smoke

Much work has been done by routine visits to boiler houses to establish contact with engineers and others who are in a position to control smoke emissions from boiler plant and furnaces.

Emphasis has been laid on the fact that the anticipated Regulations controlling smoke emissions will almost certainly demand a much

higher standard of fuel efficiency than ever before and many more grit arresting appliances will probably be needed.

In practice legal action has been limited for many years almost entirely to discharges of black smoke whereas in future only a very light grey coloured emission will be permissible ; smoke emissions are to be compared with a scale of colours known as “Ringelmann Shades”.

**Smoke Nuisances Abated**

The following are examples of work done on industrial smoke and fume emission :

- 1. A firm of wholesale meat manufacturers was recommended to change to an alternative method of heating the cooking vats, to replace the existing coal-fired vertical boiler which had been responsible for serious smoke emissions. As a result the smoke nuisance was eliminated and a higher standard of cleanliness is apparent on the premises.
- 2. A non-ferrous foundry was recommended to re-site a fume extraction fan and ducting to avoid nuisance to nearby houses.
- 3. A nuisance from the chimney of a dairy firm was abated by the installation of an induced draught fan which brought about more efficient combustion of the fuel in the boiler furnace.
- 4. A small dry-cleaning works abated a grit nuisance by installing a grit arrestor.

Complaints of smoke and grit	..	..	93
Smoke observations	..	..	129
Grit Plate Recordings	..	..	161
Re-inspections	..	..	233
Visits to boiler plants	..	..	267

**Publicity on Smoke Abatement**

The Health Department’s Exhibition at the Abbey Park Show held during August Bank Holiday week was devoted to the subject of atmospheric pollution—its causes, effects and remedies, under the title “It’s in the Air”. A good deal of interest was shown by visitors and many enquiries were answered.

**NOISE NUISANCES**

People are becoming increasingly sensitive to emissions of sounds from machinery and work in this field under the Leicester Corporation Act, 1956, was three times as much as in the previous year.

Complaints of noise nuisances	..	..	..	30
„ confirmed	..	..	..	18
„ not confirmed	..	..	..	11
„ abated	..	..	..	17
„ remaining to be dealt with	..	..	..	1

The Act requires that at least three householders shall be aggrieved by any particular noise nuisance before statutory action can be taken and there are the usual “best practical means” defences.

Where the Act cannot be invoked but action is considered to be justified an informal approach is always made and generally the firms are found to be co-operative.

The following are examples of successful action by the inspector :

1. A hosiery firm’s boiler plant fully automatically controlled caused a noise nuisance as the oil-fired boiler came into operation during the night-time. The boiler house walls were faced with insulating material and the nuisance ceased.

2. A firm of rubber manufacturers moved a high-speed extraction fan and outlet ducting to a more suitable place and eliminated a serious noise nuisance.

## HOUSING CONDITIONS

Progress continues in carrying out the inspection and representations of the houses listed in the Council’s Plan.

From the accompanying Table it will be seen that in 1957 1,171 houses were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932 and 1,076 were found to be unfit and were represented in clearance areas. In addition, 90 houses were demolished or closed as being individually unfit for habitation.

The first major step towards post-war slum clearance was taken when a public Inquiry was held in March, 1953, into the Lewin Street C.P.O.

Since that time, progress annually has been as set out below :

		Representations		No. of Houses	
		C.O.	C.P.O.	In Orders	Confirmed
1953	..	—	1	270	270
1954	..	—	5	670	664
1955	..	—	6	155	123
1956	..	14	7	577	282
1957	..	23	11	1,076	534

The figures for houses in confirmed Orders relate to the year in which the Orders were made.

# HOUSING STATISTICS

For year ended 31st December, 1957

## 1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .. ..	2,605
(b) Number of inspections made for the purpose .. ..	8,696
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .. ..	1,171
(b) Number of inspections made for the purpose .. ..	3,625
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	1,175
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation .. .. .	1,442

## 2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,453
---	-------

## 3.—Action under Statutory Powers.

### A—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1957 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs .. .. .	—
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners .. .. .	—
(b) By Local Authority in default of owners .. ..	—

### B—Proceedings under Public Health Acts :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. ..	21
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners .. .. .	22
(b) By Local Authority in default of owners .. ..	—

### C—Proceedings under Section 17 of the Housing Act, 1957 :

(1) Number of dwelling houses in respect of which Demolition Orders were made .. .. .	6
(2) Number of dwelling houses demolished in pursuance of Demolition Orders .. .. .	83

### D—Proceedings under Section 18 of the Housing Act, 1957 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. ..	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. ..	—

Number of houses in respect of which Closing Orders were made under Section 17 of the Housing Act, 1957 .. .. .	7
---	---

Full details of the representations made during 1957 will be found on page 85.

Once again over 4,000 enquiries were answered relating to the expectation of life and outstanding repair notices on dwelling houses which were being bought or sold.

The following Table shows the progress made in rehousing the occupants of houses condemned in areas or individually before the war :

		Occupied houses	
		31st December, 1956	31st December, 1957
(a) In "Areas"	..	29	20
(b) Individually	..	1	1

### Repair of Houses

No systematic house-to-house inspection for the execution of repairs has been possible during the year. One reason for this has been the continued low rent level of controlled houses. The Housing Repairs and Rents Act, 1954, did little to promote better maintenance of property and limited the type of repair items previously covered by the Rent Acts. Very few certificates of disrepair were asked for under that Act but the Rent Act, 1957, which came into force in July increased very greatly the interest taken in the repair of houses by both landlord and tenant. In short, the Act aims at the raising of rent levels subject to the tenant being satisfied with the condition of the house he lives in. The public health inspectors' services are only called in when there is failure to reach agreement.

The following Tables show the work done under the two Rent Acts.

### Certificates of Disrepair

#### Housing Repairs and Rents Act, 1954

Applications received	..	..	12
Certificates granted	..	..	10
„ refused	..	..	1
„ cancelled	..	..	6
Applications withdrawn	..	..	1

#### Rent Act, 1957—(operative from 6th July, 1957)

Applications received	..	..	549
Certificates granted	..	..	91
„ cancelled	..	..	12
Undertakings accepted	..	..	303
Applications withdrawn	..	..	14

Whilst there is no doubt that much repair work and reconditioning has been done by agreement it is quite impossible to ascertain accurately or in any detail what has been done.

Unfortunately it is likely that quite a lot of poor quality work could be found, as for example the masking of walls affected with rising dampness with composition boarding instead of proper treatment of the walls themselves.

### Prosecution

Legal proceedings were instituted against an owner for failing to comply with a statutory notice served upon him under Section 45 of the Public Health Act, 1936. He pleaded guilty and a fine of £1 was imposed.

## FOOD

### Meat Inspection

The number of slaughterhouses available in Leicester is as follows :

Private slaughterhouses at Cattle Market	..	..	13
Other private slaughterhouses	..	..	2
Institutional slaughterhouses	..	..	1

The general condition of the slaughterhouses belonging to the Council and situated at the Cattle Market continues to cause concern. These premises fall far below the standard that will be demanded by the anticipated slaughterhouse regulations which in draft form have now been issued.

Unfortunately, at the moment, the contents of the Slaughterhouses Bill and the uncertainty of the amount of slaughtering that would have to be provided for in a new abattoir make future planning extremely difficult.

The following Tables give information as to the amount of slaughtering done in Leicester and the incidence of disease and other conditions which make meat unfit for human food.

Over the past two years there has been an increase of some 10,000 on the number of carcasses killed in our slaughterhouses. Every food animal slaughtered and dressed in Leicester is inspected by public health inspectors holding the recognised special qualification in meat inspection.

1957. Total Number of Animals Slaughtered, 169,570, comprising

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Public Abattoir Slaughterhouses	15,473	1,967	2,560	77,311	46,617	143,928
Private Slaughterhouses ..	3,077	156	576	18,987	798	23,594
Casualties .. ..	116	311	165	453	1,003	2,048
Totals .. ..	18,666	2,434	3,301	96,751	4,8418	169,570

# Carcases Inspected and Condemned. 1957

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed .. .. .	18,666	2,434	3,301	96,751	48,418
Number inspected .. .. .	18,666	2,434	3,301	96,751	48,418
All Diseases except Tuberculosis and Cysticerci— Whole carcases condemned .. .. .	8	13	18	53	75
Carcases of which some part or organ condemned ..	4,295	394	9	207	2,034
Percentage of the number inspected affected with Disease other than Tuberculosis and Cysticerci ..	23.05	16.72	.82	.27	4.36
Tuberculosis only— Whole carcases condemned .. .. .	29	21	—	—	27
Carcases of which some part or organ condemned ..	988	246	—	—	799
Percentage of the number inspected affected with Tuberculosis .. .. .	5.45	10.97	—	—	1.71
Cysticercosis carcases of which some part or organ was condemned .. .. .	196	7	—	—	—
Carcases submitted to treatment by refrigeration ..	72	1	—	—	—
Generalised and totally condemned .. .. .	—	—	—	—	—

Tabulated List of other defined Diseases and their incidence in Carcases rejected. 1957

Disease	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Abscessed ..	-	-	-	-	4	4
Abnormal Odour	-	-	-	-	1	1
Badly Bled ..	-	-	-	1	1	1
Dead Animals	-	-	-	8	8	16
Dropsy ..	1	-	-	2	-	3
Decomposed	1	-	-	1	-	2
Emaciation ..	-	1	-	7	8	16
Erysipelas ..	-	-	-	-	5	5
Enteritis ..	-	-	-	-	1	1
Extensive Bruising	-	-	-	1	1	2
Fevered ..	-	2	2	8	1	13
Gangrene ..	-	-	1	2	-	3
Immature ..	-	-	3	1	-	4
Injured ..	-	-	-	-	2	2
Jaundice ..	1	-	-	-	5	6
Johnes ..	-	6	-	-	-	6
Leukaemia ..	-	-	-	1	-	1
Moribund ..	-	-	-	3	-	3
Oedema ..	-	-	2	3	11	16
Pyæmia ..	2	-	5	3	6	16
Pyrexia ..	-	-	-	2	-	2
Peritonitis ..	-	-	-	-	1	1
Septicaemia	1	2	2	1	7	13
Septic Peritonitis	-	-	-	1	3	4
Suffocation ..	-	-	-	1	6	6
Septic Arthritis	-	-	-	4	2	1
Swine Fever	-	-	-	-	1	2
Septic Mastitis	-	1	-	-	-	1
Septic Pneumonia	1	-	3	4	3	11
Tumours ..	1	-	-	-	-	1
Uraemia ..	-	1	-	-	3	4
Totals ..	8	13	18	53	75	167

## Total Weights of Meat Condemned.

	English Meat		Imported Meat		English Offal		Imported Offal		Totals	
	T.	C. Qrs. lbs.	T.	C. Qrs. lbs.	T.	C. Qrs. lbs.	T.	C. Qrs. lbs.	T.	C. Qrs. lbs.
Cattle Market Slaughterhouses ..	33	19 2 21	-	- - -	56	7 3 25	-	- - -	90	7 2 18
Private Slaughterhouses	1	10 2 8	-	- - -	9	6 3 3	-	- - -	10	17 1 11
Wholesale Meat Depots	-	- - -	1	7 3 25	-	- - -	-	2 1 4	1	10 1 1
Totals ..	35	10 1 1	1	7 3 25	65	14 3 -	-	2 1 4	102	15 1 2

## SUMMARY OF FOODSTUFFS CONDEMNED

Tons Cwt. Qrs. lbs.					Other Foodstuffs, etc.			
<b>Fish</b> (excluding Shell Fish) ..					Bacon .. ..	458 lbs.		
	4	9	0	12	Biscuits .. ..	68 lbs.		
<b>Shell Fish :</b>					Butter .. ..	42 lbs.		
Mussels ..	2	6	1	10	Cake .. ..	93 lbs.		
Other Shell Fish	—	4	2	0	Cake Mix .. ..	23 lbs.		
<b>Fruit</b> .. ..	2	4	1	17	Cakes .. ..	749		
<b>Meat :</b>					Cereal .. ..	8 lbs.		
English ..	35	10	1	1	Cheese .. ..	209 lbs.		
Imported ..	1	7	3	25	Curry .. ..	196 lbs.		
<b>Offal :</b>					Fish .. ..	636 tins		
English ..	65	14	3	0	Fish Cakes .. ..	64		
Imported ..	—	2	1	4	Flour .. ..	75 lbs.		
<b>Vegetables</b> ..					Fruit .. ..	15,104 tins		
	2	15	2	16	Fruit (dried) ..	152 lbs.		
<b>Poultry, Game, etc.</b>					Herbs (dried) ..	3 lbs.		
Chicken and Fowls ..				320	Lard .. ..	136 lbs.		
Hares and Rabbits ..				69	Meat .. ..	3,374 tins		
					Meat (cooked) ..	26 lbs.		
					Milk .. ..	657 tins		
					Pies .. ..	5		
					Puddings (Christmas)	5		
					Rice .. ..	11 lbs.		
					Sausage .. ..	307 lbs.		
					Suet .. ..	4 lbs.		
					Sugar .. ..	23 lbs.		
					Sweets .. ..	245 lbs.		
					Vegetables .. ..	8,927 tins		
					Watercress .. ..	288 lbs.		
					Yeast .. ..	1,232 lbs.		

## FOOD HYGIENE

It is pleasing to be able to record greater attention to food hygiene during the year, systematic inspection of all premises to which the Food Hygiene Regulations, 1955 apply, having been carried on throughout this year. The work was started in the main shopping areas in the city and progressed to the more residential areas where the smaller general food shops are situated. Two of the advantages of this method of inspection were that large numbers of shops could be dealt with in the first place without waste of time in travelling and, what is more important, the smaller shopkeepers were made to realise that the Regulations were applicable to all classes and sizes of food businesses but that they themselves had been given a reasonable amount of time in which to bring their premises up to date before being inspected.

One of the greatest difficulties in the smaller businesses is for aged people to appreciate the importance of food hygiene and the need for the enforcement of the law relating to it. During 1957 several aged persons whose premises and methods fell far short of any standard of

reasonableness, let alone legal requirement, were persuaded to retire from business although in one case it was necessary for the Health Committee to threaten prosecution before this was done.

In another case an old age pensioner was persuaded to give up the sale of "open" food and to sell only goods packed in containers at the place of manufacture. Needless to say all such cases are shown the utmost sympathy by the inspectors.

Six hundred and forty-six notices were served and three hundred and thirty were complied with.

## Legal Proceedings

Two prosecutions were taken under the Regulations, one in respect of a butcher's shop and the other for smoking whilst selling fruit in the Retail Market. Fines of £61 and £2 respectively were imposed.

Amongst the prosecutions for selling various articles of food containing foreign bodies there were some most objectionable objects, viz. tobacco, mice droppings, and ants. Fines were imposed in all cases.

Acts, Byelaws or Regulations under which proceedings were instituted	Default or Offence	Fines £ s. d.	Costs £ s. d.
Food Hygiene Regulations, 1955	Dirty condition of shop Two charges—Regulation 23 Five charges—Regulations 6(1), 6(2), 14(1), 14(5) and 18 respectively Found guilty of two offences under Regulation 23, and offences under Regulations 6(1) and 14(1). Fined £15 on each Found guilty of offence under Regulation 14(5). Fined £1 ..	61 0 0	—
Food Hygiene Regulations, 1955, Regulation 9	Charges dismissed under Regulations 6(2) and 18 .. .. Smoking whilst serving apples ..	2 0 0	—
Food and Drugs Act, 1955, Section 2	Tea containing foreign body consisting in part of tobacco. Sample S329 .. ..	10 0 0	15 0
Food and Drugs Act, 1955, Section 2	Butter containing foreign bodies made of wood. Sample S330 ..	10 0 0	—
Food and Drugs Act, 1955, Section 2	Raisins containing miscellaneous foreign material Fined £5 each against three partners	15 0 0	—
Food and Drugs Act, 1955, Section 2	Mouse droppings in packet of biscuits .. ..	10 0 0	—
Food and Drugs Act, 1955, Section 2	Mouldy apple pie infested with ants	5 0 0	—

## **Retail Fish and Poultry Market**

In March the Retail Fish and Poultry Market was opened by Lord Strang, Chairman of the Food Hygiene Advisory Council, after extensive improvements had been carried out.

Each stall has its own personal washing facilities with hot and cold water as well as a sink for trade purposes, rabbit skinning bays have been provided, and there is a central cloak room with individual lockers for the storage of outdoor clothing whilst food handlers are at work.

Drains and floors were re-laid, display slabs renewed in jointless material, the whole costing approximately £13,000.

The Markets Committee are to be congratulated upon the example which they have set to food traders in putting these premises into such good order and appreciation is gladly recorded of the co-operative way in which the Market Superintendent and City Architect worked with the Health Department Staff on this project.

## **Retail Market—Other Foods**

The difficulties of enforcing the Food Hygiene Regulations is appreciated by all concerned with the problem, and experimental stalls are being designed in order to find out the most satisfactory arrangement to suit both trading and food hygiene demands.

## **Clean Food Week**

During March a Clean Food Week was held in Leicester and was opened by Lord Strang. An exhibition was held in the City Centre and school children were invited to write a short essay on food hygiene ; prizes were awarded in three age groups and the presentations were made by the Lord Mayor (Ald. Halkyard). Prizes were also awarded in competitions for the Best Kept Shop, and for Window Displays dealing with food hygiene and for Market Stalls. Some very attractive entries were received in the last two classes.

## **Catering Premises**

The improvement of catering premises has continued during the year.

It appears necessary, with continually changing staffs, to be constantly reminding personnel of the dangers and risks of unhygienic food handling and of the need to be constantly aware that carelessness in personal hygiene is fraught with risk to others.

Structural alterations to food premises are still being carried out and the advice of the Department's Inspectors is being sought increasingly.

*Leicester Retail Fish and Poultry Market before and after re-construction showing improved natural lighting, new floor, display slabs, etc.*

*Rear of fish stall showing sink, personal washing facilities and impervious surfaces of wall and shelving.*

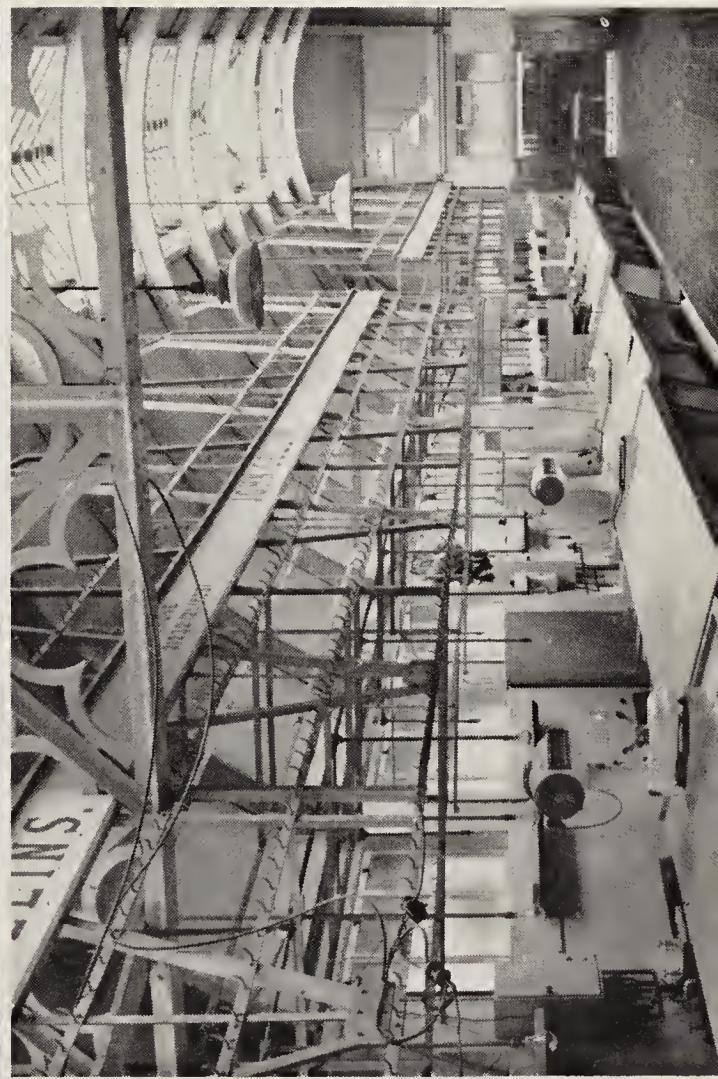




Photo : Leicester Evening Mail.

*Lord Strang and Alderman Jackson viewing an exhibit during the Clean Food Week Exhibition.*



Photo : Leicester Evening Mail.

*The Chairman of the Health Committee presents First Prize Rosette to the Manager of the Winning entry in the 'Best Kept Shop' Competition held during the Clean Food Week.*

It is of great assistance to be able to advise owners and occupiers of potential catering premises in the early stages of alteration and improvement, such advice is usually accepted and does much to create a good understanding between trader and official.

The co-operation of the trade generally continues to be most satisfactory.

One or two premises are of a low standard and need extensive improvements, but as they are situated in areas which are to be re-developed very soon alteration has been restricted mainly to methods rather than structural matters. These premises will be demolished in a year or two.

During the year six new premises were opened. Eight premises were discontinued and of these four were of a low standard and considered unsatisfactory by the Department.

Six premises, in which it was proposed to commence a catering business, were inspected and rejected as unsuitable.

The inspection of catering facilities in private schools, boarding houses and private hotels has been carried out during the year and improvements are being sought where necessary.

### Talks and Demonstrations

The demand for talks and demonstrations continues to increase and once again I have to thank an increasing number of the members of my staff who have participated in this work, most of which is done outside the usual office hours. The increase is due mainly to interest in the provisions of the Clean Air Act.

One of our most pleasing duties has been to show the various facets of our work to persons sent here from abroad to study local government in Leicester.

#### Lectures Given

Student Health Visitors	..	..	9
Queen's Nursing Students	..	..	2
Home Helps .. ..	..	..	7
Students, Teachers, etc.	..	..	11
Leicester Co-operative Departments	..		5
Midland Catering Co. ..	..	..	2
Food Premises, Market Traders, etc.	..		10
City and Guilds Catering Department	..		6
Adult Schools, Church Fellowships, etc.	..		14
			—
Total .. ..	..	..	66
			—

**City of Leicester Clean Food Guild**

Interest in the Clean Food Guild has been sustained and increased slightly.

Trade members of the Guild Committee and several co-opted food traders gave valuable assistance in working out the details of the Clean Food Week. Their work was appreciated very much by the Health Committee.

The following Table shows the number of premises in respect of which Certificates have been awarded by the Guild.

Trade	Applications	Certificates granted
Bakers and Confectioners .. ..	21	18
Catering Establishments .. ..	22	17
Fishmongers and Fish Fryers ..	13	10
Fruiterers and Greengrocers ..	10	7
Grocers and General Stores ..	151	102
Ice Cream .. ..	3	3
Manufactured Meat Products ..	12	9
Retail Butchers .. ..	37	19
Sweets .. ..	10	8
Licensed Premises .. ..	1	1
Totals .. ..	280	194

**Shops Act (Health and Comfort Provisions)**

Recently, Mr. W. Gray, Chief Inspector of Weights and Measures, assumed responsibility for the administration of the Shops Acts apart from the provisions relating to health and comfort.

In view of the fact that the Weights and Measures Inspectors visit all classes of shops for the dual purposes of Weights and Measures and Shops Act law, the public health inspectors have discontinued inspections specifically for the administration of their duties under the Shops Acts and act only on contraventions reported to them. This saves overlapping and consequent duplication of inspections which is appreciated by the shop-keepers.

Premises referred for investigation by Weights and Measures Department	Notices Served		No action required
	Food Hygiene Regulations	Shops Act, Section 38	
76	48	10	18

## MILK AND DAIRIES

The following Table shows the number of licences granted in respect of milk produced and sold under special designations.

### MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-53 and MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949-54

Dealer's (Pasteuriser's) Licence .. .. .	5
Dealer's (Steriliser's) Licence .. .. .	1
Dealer's Licence authorising the sale of "Tuberculin Tested" Milk .. .. .	54
Dealer's Licence authorising the sale of "Sterilised" Milk .. .. .	304
Dealer's Licence authorising the sale of "Pasteurised" Milk .. .. .	306
Dealer's Supplementary Licence authorising the sale of "Pasteurised" Milk .. .. .	1
Dealer's Supplementary Licence authorising the sale of "Tuberculin Tested" Milk .. .. .	1
Dealer's Supplementary Licence authorising the sale of "Sterilised" Milk .. .. .	1

### BACTERIOLOGICAL SAMPLING OF MILK, 1957

#### Milk (Special Designation) (Raw Milk) Regulations, 1949-54

	Number taken	1956	1957
Tuberculin Tested (Raw) Milks—Churn samples ..		890	833
„ „ (Farm bottled) milks—Bottle samples .. .. .		59	29
		<hr/>	<hr/>
Total Tuberculin Tested (Raw Milks) ..		949	862
Number which failed Methylene Blue Test as laid down by the Milk (Special Designation) (Raw Milk) Regulations, 1949-54 :			
Churn samples .. .. .		52	67
Bottle samples .. .. .		5	3
		<hr/>	<hr/>
Total .. .. .		57	70
Percentage of failures—Churn samples .. ..		5.8%	8.1%
Bottle samples .. .. .		8.5%	10.4%

All the above failures were reported to the Milk Production Officer of the County Agriculture Executive Committee.

## Ungraded Milks

Sampling of supplies from producers of undesignated milk was continued during the year, and the samples were submitted to the Public Analyst for chemical and bacteriological examination. Results show that the percentage failure on bacteriological examination is double that of tuberculin tested supplies.

	Number taken	1956	1957
Undesignated Raw Milks—Churn samples ..		467	443
Number which failed Methylene Blue Test as laid down by the Milk (Special Designation) (Raw Milk) Regulations, 1949-54.. ..		65	73
Percentage of failures .. ..		13.9%	16.4%

The following table illustrates the proportions of designated and undesignated milk supplied to the processing dairies in the city :

Total number of producers .. ..	1,007
Number producing Tuberculin Tested Milk ..	532
Number producing Undesignated Milk.. ..	475
Proportion of tuberculin tested supplies, approximately ..	50%

The above figures show that Leicester is receiving less tuberculin tested milk than the average for the British Isles, as, nationally about 70% of all ex-farm milk is tuberculin tested.

The milk produced by the Glen Frith and Towers Hospital farms and the one producer-retailer in the city, was again sampled at regular intervals, and the results obtained were satisfactory.

## Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949-53

	Number taken	1956	1957
Pasteurised Milk (Bottles) .. .. .	265	263	
Tuberculin Tested (Pasteurised) Milk .. .. .	48	40	
Tuberculin Tested (Pasteurised) (Channel Islands)			
Milk .. .. .	8	5	
Sterilised Milk (Bottles) .. .. .	52	88	
Pasteurised Milk ( $\frac{1}{2}$ pints from school supplies) ..	65	65	
	<hr/>	<hr/>	
Total .. .. .	438	461	
Number of Methylene Blue Failures .. .. .	nil	nil	
Number of Phosphatase Test Failures .. .. .	nil	nil	

In addition, daily dairy control samples for pasteurisation efficiency were taken from the five Wholesale Dairies in the city.

	1956	1957
Number taken .. ..	1,254	1,255
Number failing Phosphatase Test .. ..	nil	nil

With the exception of the daily dairy control pasteurisation samples all the above milks submitted to the Public Analyst for bacteriological examination were also examined for chemical quality. One was found to contain added water, but follow-up samples taken at the dairy all proved satisfactory, and the reason for the presence of added water in the original sample could not be determined.

Frequent inspections have been made during the year of plant and structural conditions at the dairies.

### Bacteriological Examination of Milk Bottles

Regular routine samples of milk bottles, after washing at the dairies, were taken and the bottles submitted to the Public Analyst for bacteriological examination.

	1956	1957
Number of bottles taken .. .. .	223	293
Number of unsatisfactory bottles, i.e. more than 600 colonies per bottle .. .. .	16	26

The unsatisfactory results were investigated at the dairies concerned, and in each case successful action was taken which produced a satisfactory bottle on further sampling.

### Milk Sampling—Food and Drugs Act, 1955

	1956	1957
Number of samples taken—Formal .. .. .	31	26
Informal .. .. .	34	5
	—	—
Total .. .. .	65	31
	—	—

All samples taken for bacteriological examination are also examined chemically by the Public Analyst. In addition to the added water found in an informal sample of pasteurised milk, there were two cases of added water in informal samples of farm supplies. In each case formal follow-up samples at the farm proved to be satisfactory, and on investigation it was assumed that both adulterations were accidental. In the first case, where there was 1.3% of added water in one churn, it was found out that heavy rain overnight had penetrated the broken neck of the churn. The dairy concerned was warned of its condition and the farmer told that more attention should be paid to the condition of the churns before milk was placed in them. In the second case, where there was 21.2% of added water in one churn, it was found on closely questioning the farmer's daughter who was responsible for the milking, that the churn had tipped over in the trough of water where it had been placed for overnight cooling. Unwilling to tell her father of her carelessness the girl had allowed the milk to be sent to the dairy although it contained over 20% of added water from the drinking trough.

Producers whose milk was genuine but poor quality were recommended to approach the Ministry of Agriculture, Fisheries and Food Advisory Service with a view to seeking advice to improve the quality of their milk.

### **Tubercle Bacilli in Milk**

Biological sampling of the milk produced at nine farms within the city boundary continued during the year. Thirty-seven samples were taken and submitted to the Public Health Laboratory for examination and none was found to contain tubercle bacilli.

### **Food and Drugs Act, 1955—Sampling**

The samples submitted to the Public Analyst are summarised below.

Food samples—Formal	..	..	..	53
Informal	..	..	..	632
Drug samples—Formal	..	..	..	7
Informal	..	..	..	272
Ice cream—Informal samples	..	..	..	49

In addition to the above samples, many complaints by members of the public, of foreign bodies in foodstuffs, were investigated and the necessary follow-up action taken. It is of significance that these complaints are increasing and this probably can be attributed to greater interest by the public in food hygiene, not to more careless handling by food manufacturers, retailers and wholesalers.

### **Bacteriological Examination of Shellfish**

Number of samples taken	..	..	..	26
Number of samples unsatisfactory	..	..	..	7

Cases which did not satisfy the standard of cleanliness required were dealt with through the Ministry of Agriculture, Fisheries and Food special officer and the local Medical Officer of Health.

### **Fertilisers and Feeding Stuffs Act, 1926**

Number of samples taken	..	..	..	50
Number of samples reported satisfactory	..	..	..	45

The above samples were submitted to the Public Analyst in his capacity as the official Agricultural Analyst, and appropriate follow-up action was taken by this department where necessary when unsatisfactory samples were reported.

### **Rag Flock and Other Filling Materials Act, 1951**

Number of samples taken	..	..	..	3
Number reported satisfactory	..	..	..	3

**Prevention of Damage by Pests Act, 1949**  
**Report for 12 months ended 31st March, 1958**

	TYPE OF PROPERTY				(5) Agricul- ture
	Non-Agricultural				
	(1)  Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	
I. Number of properties in Local Authority's District (Notes 1 and 2) .. ..	369	87,401	14,837	102,607	Nil
II. Number of properties inspected as a result of :					
(a) Notification ..	57	956	504	1,517	Nil
(b) Survey under the Act .. ..	114	2,956	1,244	4,314	Nil
(c) Otherwise (e.g., when visited pri- marily for some other purpose) ..	34	2,863	1,643	4,540	Nil
III. Total inspections carried out including re-inspections. (To be completed only if fig- ures are readily avail- able) .. ..	205	6,775	3,391	10,371	Nil
IV. Number of properties inspected (in Section II) which were found to be infested by :					
(a) Rats .. (Major	7	Nil	5	12	Nil
(Minor	109	786	171	1,066	Nil
(b) Mice .. (Major	Nil	Nil	Nil	Nil	Nil
(Minor	73	170	328	571	Nil
V. Number of infested properties (in Section IV) treated by the L.A. (Figures should NOT exceed those given at Section IV) ..	189	956	504	1,649	Nil
VI. Total treatments carried out including re-treatments. (To be completed only if fig- ures are readily avail- able) .. ..		Figures	not available		
VII. Number of notices served under Section 4 of the Act :					
(a) Treatment ..	Nil	Nil	Nil	Nil	Nil
(b) Structural Work (i.e., Proofing) ..	Nil	Nil	Nil	Nil	Nil
VIII. Number of cases in which default action was taken following the issue of notice under Section 4 of the Act .. ..	Nil	Nil	Nil	Nil	Nil
IX. Legal Proceedings ..	Nil	Nil	Nil	Nil	Nil
X. Number of "Block" control schemes carried out .. ..	2	42	4	48	Nil



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